

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D0933122	<b>(X3) Date Survey Completed</b>  01/26/2022
<b>Name of Provider or Supplier</b>  Scholes Dermatology	<b>Street Address, City, State</b>  526 Shoup Ave W Ste A, Twin Falls, ID	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5209</b>	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a review of competency assessments, the Centers for Medicare and Medicaid Services (CMS) 209 personnel form and an interview with the laboratory director on 1/26/2022, the laboratory failed to establish and follow written policies and procedures to assess testing personnel in accordance with 42 C.F.R. 493.1451(b)(7)(8) for 2020 and 2021. The findings include: 1. A review of competency assessment records identified one (1) of two (2) testing personnel listed on the CMS 209 failed to have documentation of annual competency for KOH and tissue grossing which included the six parameters as listed in 493.1451(b)(8) for 2020 and 2021. 2. An interview with the laboratory director on 1/26/2022 at 10:22 confirmed the above finding. 3. The laboratory reports performing 1,800 KOH and histopathology tests annually.</p>