Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D0933599	03/20/2018
Name of Provider or Supplier	**Street Address, City, State**	
St Luke's Clinic - Dermatology Wood River	100 Hospital Dr Ste 201, Ketchum, ID	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part. This STANDARD is not met as evidenced by: Based on an interview with the laboratory histotechnician and a record review, the laboratory failed to verify the accuracy of potassium hydroxide (KOH) at least twice annually since the last survey on May 18, 2016. Findings: 1. A record review revealed the laboratory failed to document the accuracy of KOH, used for the detection of fungal elements on the skin, at least semiannually since the last survey on May 18, 2016. 2. An interview on March 20, 2018 at 11:00 AM, with the laboratory histotechnician, confirmed the laboratory failed to document the accuracy of KOH at least semiannually.
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on an interview with the laboratory histotechnician and a procedure manual review, the laboratory director failed to approve, sign, and date the MOHS procedure manual since the last survey on May 18, 2016. Findings: 1. A review of the procedure manual for the laboratory revealed it failed to include the laboratory director's

	signature and date it was approved. 2. An interview on March 20, 2018 at 10:30 AM, with the laboratory histotechnician, confirmed the laboratory director failed to sign and date the procedure manual.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on an interview with the laboratory histotechnician and patient report reviews, the testing personnel failed to include the result of a potassium hydroxide (KOH) test in the patient's electronic medical record on July 27, 2017. Findings: 1. A review of patient KOH test reports revealed 1 out of 3 patient reports failed to include the result of the KOH test in the patient's electronic medical record. 2. An interview on March 20, 2018 at 11:30 AM, with the laboratory histotechnician, confirmed the testing personnel failed to include the negative KOH test result in the patient's electronic medical record performed on July 27, 2017.