

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0966533	(X3) Date Survey Completed 02/11/2022
Name of Provider or Supplier North Idaho Dermatology Pa	Street Address, City, State 2199 N Merritt Creek Loop, Coeur D'Alene, 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
D2003	<p>ENROLLMENT CFR(s): 493.801(a)(2)(ii)</p> <p>For those tests performed by the laboratory that are not included in subpart I of this part, a laboratory must establish and maintain the accuracy of its testing procedures, in accordance with 493.1236(c)(1)</p> <p>This STANDARD is not met as evidenced by: Based on a review of laboratory records and an interview with the laboratory lead on 2/11/2022, the laboratory failed to verify the accuracy of potassium hydroxide (KOH) preparations. The findings include: 1. A review of laboratory KOH records identified that the laboratory failed to verify the accuracy of KOH preparations biannually for 2021. 2. An interview with the laboratory lead on 2/11/2022 at 12:50 pm confirmed that the laboratory failed to verify the accuracy of KOH preparations biannually for 2021. 3. The laboratory reports performing 140 KOH preparations annually.</p>
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of pathology laboratory policies and procedures and an interview with the laboratory lead on 2/11/2022, the Laboratory Director failed to approve, sign and date the laboratory policies and procedures. The findings include: 1. A record review of the pathology laboratory policies and procedures manual identified that the Laboratory Director failed to approve, sign and date 17 of 17 policies and procedures. 2. An interview with the laboratory lead on 2/11/2022 at 9:43 am confirmed that the</p>

Laboratory Director failed to approve the policies and procedures for the pathology laboratory. 3. The laboratory reports performing 12,000 pathology tests annually.