

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D1025651	(X3) Date Survey Completed 09/30/2022
Name of Provider or Supplier Dermatology Center Of Canyon County	Street Address, City, State 318 2nd St S, Nampa, 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
D5209	<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 laboratory procedures, the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, an interview with the laboratory lead on 9/30 /2022 and a lack of documentation, the laboratory failed to follow written procedures to assess testing personnel's training and competency for potassium hydroxide (KOH) examinations. The findings include: 1. A lack of training records identified three testing personnel listed on the CMS 209 that failed to have documentation of initial training for KOH examinations. 2. A lack of competency assessment records identified three testing personnel listed on the CMS 209 hired since the laboratory obtained a certificate of registration in November of 2021 that failed to have documentation of a six month competency assessment for KOH examinations. 3. An interview with the laboratory lead on 9/30/2022 at 9:10 am confirmed the above findings. 4. The laboratory reports performing 300 KOH tests annually.</p>
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on a lack of documentation, an interview with the laboratory director on 9/30</p>

/2022, the laboratory failed to document, at least twice annually, the verification of accuracy for potassium hydroxide (KOH) examinations since obtaining a certificate of registration . The findings include: 1. A lack of documentation for bi-annual verification identified that the laboratory failed to document the verification of accuracy for KOH examinations at least twice annually since obtaining a certificate of registration in November 2021. 2. An interview with the laboratory director on 9/30 /2022 at 10:00 am confirmed that the laboratory has not performed bi-annual verification of KOH examinations. 3. The laboratory reports performing 300 KOH examinations annually.