Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D1096028	05/15/2023
Name of Provider or Supplier	**Street Address, City, State**	
Alpine Dermatology Clinic	1049 Summers Dr, Rexburg, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on a direct observation and an interview with the laboratory lead on 5/15/2023, the laboratory failed to discontinue the use of expired potassium hydroxide (KOH) with DMSO. The findings include: 1. During the laboratory tour on 5/15/2023 a direct observation identified that the laboratory failed to discontinue the use of expired 20% KOH with DMSO used in KOH slide examinations. Delasco 20% KOH with DMSO lot K20354 expiration 3-31-2023 Delasco 20% KOH with DMSO lot K163M6 expiration 3-31-2019 2. An interview with the laboratory lead on 5/15/2022 at 2:37 pm confirmed the above findings. 3. The laboratory reports performing 100 KOH slide examinations annually.
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on a review of the laboratory quality control (QC) log, Mohs log and an

	interview with the laboratory lead on 5/15/2023, the laboratory failed to have document the quality of Hematoxylin and Eosin (H&E) stain daily. The findings include: 1. A review of the laboratory's H&E QC log identified that the laboratory failed to have a qualified testing person review and document the quality of the H&E stain daily for Mohs surgery procedures for 13 of 13 documented testing days in 2023. 2. A review of the laboratory's H&E QC log and Mohs log identified that the laboratory failed to document the quality of the H&E stain for Mohs surgery procedures for two (2) testing days, 1/18/2023 and 2/8/2023. 3. An interview with the laboratory lead on 5/15/2023 at 2:11 pm confirmed the above findings. 4. The laboratory reports performing 200 Mohs surgery procedures annually