

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2027091	(X3) Date Survey Completed 02/10/2026
Name of Provider or Supplier Arthritis Specialty Center	Street Address, City, State 1448 E Center St #B, Pocatello, 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 the Centers for Medicare and Medicaid Services (CMS) 209 personnel form, laboratory procedures, training and competency assessment records and an interview with the general supervisor on 2/10/2026, the laboratory failed to establish and follow a written procedures to assess supervisor competency for one (1) of one (1) technical supervisor (TS) and two (2) of (2) general supervisors (GS). The findings include: 1. The CMS 209 identified one (1) technical supervisor and two (2) general supervisors. 2. A review of laboratory procedures identified that the laboratory failed to establish a procedure to assess competency of GS and TS which included the interval of competency assessments. . 3. A review of training and competency assessment records identified that the laboratory failed to have competency assessments for one (1) of one (1) TS and two (2) of (2) GS. 4. An interview with the GS on 2/10/2026 at 9:32 am confirmed the above findings. 5. The laboratory reports performing 210,998 tests annually. 6. This was a repeat deficiency from the previous inspection on 1/11/2024. "A review of laboratory procedures identified that the laboratory failed to establish policies or procedures to assess TP initial, semiannual and annual competency and competency of the general supervisor (GS) and technical supervisor (TS)."</p>
D5215	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(2)</p> <p>The laboratory must verify the accuracy of any analyte, specialty or subspecialty</p>

assigned a proficiency testing score that does not reflect laboratory test performance (that is, when the proficiency testing program does not obtain the agreement required for scoring as specified in subpart I of this part, or the laboratory receives a zero score for nonparticipation, or late return or results).

This STANDARD is not met as evidenced by:

Based on a review of proficiency testing (PT) documents from the American Proficiency Institute (API) and an interview with the general supervisor (GS) on 2/10/2026, the laboratory failed to review and evaluate PT scores that were given an artificial score of 100% for the specialty of immunology for samples in three (3) of three (3) events in 2024. The findings include: 1. A review of PT documents from API for the specialty of immunology for 2024 event one (1) identified that the laboratory failed to evaluate results for anti-dsDNA and Anti-RNP/Sm in sample ANA-01 that were given an artificial score of 100% due to lack of consensus and for Anti-CCP in samples CCP-01 and CCP-02 that were given an artificial score of 100% due to lack of participants. 2. A review of PT documents from API for the specialty of immunology for 2024 event two (2) identified that the laboratory failed to evaluate results for Anti-dsDNA and Anti-Sm in sample ANA-07 that were given artificial scores of 100% due to lack of consensus. 3. A review of PT documents from API for the specialty of immunology for 2024 event three (3) identified that the laboratory failed to evaluate results for Anti-dsDNA in sample ANA-14 and Anti-Sm in sample ANA-12 that were given artificial scores of 100% due to lack of consensus. 4. An interview with the GS on 2/10/2026 at 10:00 am confirmed the above findings. 5. The laboratory reports performing 18,265 immunology tests annually.

D5221

EVALUATION OF PROFICIENCY TESTING PERFORMANCE
CFR(s): 493.1236(d)

All proficiency testing evaluation and verification activities must be documented.

This STANDARD is not met as evidenced by:

Based on a review of proficiency testing (PT) documents from the American Proficiency Institute (API) and an interview with the general supervisor (GS) on 2/10/2026, the laboratory failed to review and evaluate PT results that were unacceptable for the specialty chemistry in 2024 for event two (2). The findings include: 1. A review of PT documents from API for the specialty of chemistry for 2024 event two (2) identified that the laboratory failed to evaluate the unacceptable result for total bilirubin sample CH-06 and perform a corrective action. 2. An interview with the GS on 2/10/2026 at 10:00 am confirmed that there was no corrective action performed for the unacceptable total bilirubin result. 3. The laboratory reports performing 8,928 total bilirubin tests annually.