Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2060605	(X3) Date Survey Completed 06/16/2023
Name of Provider or Supplier St Luke's Clinic Dermatology & Mohs Surgery	**Street Address, City, State** 714 N College Rd Ste B (Rome Building), Twin Falls, 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 a lack of documentation and an interview with the practice manager on 6/16/2023, the laboratory failed to document, at least twice annually, the verification of accuracy for potassium hydroxide (KOH) examinations in 2022 and 2023. The findings include: 1. A lack of documentation for bi-annual verification identified that the laboratory failed to document verification of accuracy for KOH examinations at least twice annually in 2022 and 2023. 2. An interview with the practice manager on 6/16/2023 at 10:21 am confirmed that the laboratory has not performed bi-annual verification of KOH examinations. 3. The laboratory reports performing 3 KOH examinations annually.