

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2068472	(X3) Date Survey Completed 02/25/2021
Name of Provider or Supplier Alpine Dermatology Clinic Pc	Street Address, City, State 780 Bridgeport Rd, Idaho 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	<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 record review of bi-annual verification and an interview with the laboratory technician and office manager on 2/25/2021, the laboratory failed to at least twice annually verify the accuracy of Mohs slide examinations. The findings include: 1. A record review of bi-annual verification identified that the laboratory failed to verify the accuracy of Mohs slide examinations at least twice annually for 2019 and 2020. 2. This deficient practice was identified during the previous inspection in 2018. 3. An interview with the office manager and laboratory technician on 2/25 /2021 at 1:50 pm confirmed that the laboratory did not verify the accuracy of Mohs slide examination twice annually for 2019 and 2020.</p>