

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2091800	(X3) Date Survey Completed 05/24/2018
Name of Provider or Supplier Diagnostic Pathology Services, Inc	Street Address, City, State 16111 N Brinson St #100 Frozen Room, 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
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 and an interview with the laboratory cytotechnologist and the laboratory director, the laboratory failed to verify the accuracy of histopathology examinations at least twice annually since the last survey on September 20, 2016. Findings: 1. A record review of proficiency testing revealed the laboratory failed to verify the accuracy at least twice a year for the histopathology examinations performed after MOHS procedures since the last survey. 2. An interview on May 24, 2018, at 9:45 AM, with the cytotechnologist and laboratory director confirmed the laboratory failed to verify twice a year accuracy of the histopathologic examinations since the last survey.</p>