

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  13D2142889	<b>(X3) Date Survey Completed</b>  03/04/2019
<b>Name of Provider or Supplier</b>  Treasure Valley Dermatology & Skin Cancer Center	<b>Street Address, City, State</b>  2535 E Fairview Ave, Meridian, ID	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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 record review of personnel documents and an interview with the laboratory director, the laboratory failed to establish and follow a policy or procedure to evaluate the competency of testing personnel performing microscopic fungal examinations since May 2018. Findings: 1. A review of documents for the testing personnel competency assessments and laboratory procedures and policies, revealed the laboratory failed to establish and document the competency evaluations for 1 out of 2 testing personnel listed on the CMS-209 Personnel Report form. 2. An interview on March 4, 2019 at 9:15 AM, with the laboratory director, confirmed the laboratory failed to establish and follow written policies and procedures to assess the competency of 1 out of 2 testing personnel.</p>
<b>D5217</b>	<p><b>EVALUATION OF PROFICIENCY TESTING PERFORMANCE</b> 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 director, the laboratory failed to verify the accuracy of microscopic fungal examinations at least twice a year since May 2018. Findings: 1. A document review revealed the laboratory failed to</p>

verify the accuracy of microscopic fungal examinations at least twice a year. 2. The laboratory performs approximately 100 tests per year. 3. An interview on March 4, 2019 at 9:35 AM, with the laboratory director, confirmed the laboratory failed to document the accuracy of microscopic examinations at least twice a year.

**D5401**

**PROCEDURE MANUAL**  
CFR(s): 493.1251(a)

A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.

This STANDARD is not met as evidenced by:  
Based on a record review and an interview with the laboratory director, the laboratory failed to write a procedure for the microscopic examination of skin scrapings for the presence of fungal elements used with potassium hydroxide (KOH) since May 2018. Findings: 1. A review of the laboratory's procedure manual revealed the laboratory failed to write a procedure for the presence or absence of fungal elements using KOH. 2. The laboratory performs approximately 100 tests per year. 3. An interview on March 4, 2019 at 9:25 AM, with the laboratory director, confirmed the laboratory failed to write a procedure for the KOH examinations.