Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	13D2142889	10/04/2022
Name of Provider or Supplier	**Street Address, City, State**	
Treasure Valley Dermatology & Skin Cancer Center	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.

(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 documents and an interview with the laboratory lead on 10/04 /2022, the laboratory failed to document, at least twice annually, the verification of accuracy for Mohs in 2021 . The findings include: 1. A lack of documentation for bi-annual verification identified that the laboratory failed to document verification of accuracy for Mohs surgery procedures twice annually in 2021. 2. An interview with the laboratory lead on 10/04/2022 at 9:09 am confirmed that the laboratory had not performed verification of accuracy for Mohs surgery procedures in 2021 . 3. The laboratory reports performing 750 Mohs surgery procedures annually.
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on a review of the laboratory quality control (QC) log and an interview with the laboratory lead on 10/04/2021, the laboratory failed to have a qualified testing person document the quality of Hematoxylin and Eosin (H&E) stain daily. The findings

	include: 1. A review of the laboratory's Mohs QC H&E stain log identified that the laboratory failed to have a qualified testing person review and document the quality of the H&E stain daily for Mohs surgery procedures. 2. An interview with the laboratory lead on 10/04/2021 at 9:13 am confirmed the above finding. 3. The laboratory reports performing 750 Mohs surgery procedures annually.