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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 13D2167724 | (X3) Date Survey Completed 10/30/2024 |
| Name of Provider or Supplier Mountain Pine Dermatology PLLC | Street Address, City, State 211 E Logan St Ste 305, Caldwell, 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 |
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| D0000 | During an offsite paper revisit the laboratory was found to be in compliance with the CLIA regulations (42 CFR Part 493 effective April 24, 2003.), all previous deficiencies found were corrected. |
| D5781 | <p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the laboratory's patient population.</p> <p>This STANDARD is not met as evidenced by: Based on a review of temperature logs and an interview with the histotechnician on 10/30/2024, the laboratory failed to document corrective actions when temperatures and humidity were out of the established ranges in 2024. The findings include: 1. A review of the Mohs temperature and maintenance logs for 2024 identified that the laboratory failed to document corrective actions for three days (4/24/2024, 5/15/2024, 6/5/2024) in 2024 when the temperature was out of the established range of -20_-30 C. 2. A review of the Mohs temperature and maintenance logs for 2024 identified that the laboratory failed to document corrective actions on 7/24/2024 when the humidity was out of the established range of 10_50%. 3. An interview with the histotechnician on 10/30/2024 at 9:32 am confirmed the above findings.</p> |