

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2171439	(X3) Date Survey Completed 03/04/2021
Name of Provider or Supplier Ada West Dermatology	Street Address, City, State 4574 N Ten Mile Rd Ste 120, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES 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 record review of competency assessments, the CMS-209 personnel form, and an interview with the laboratory technician on 03/04/21, the laboratory failed to document the 6-month and annual competency assessments for the testing personnel listed on the CMS-209 personnel form. The findings include: 1. A record review of competency assessments revealed that six of six of the testing personnel listed on the CMS-209 personnel form did not have documented 6-month competency assessments performed for KOH examinations and Moh's gross examinations. 2. A record review of competency assessments revealed that four of four testing personnel listed on the CMS-209 personnel form did not have documented annual competency for KOH examinations. 3. An interview with the laboratory technician on 03/04/21 2:00 PM confirmed the above findings. 4. The laboratory reports performing 50 KOH examinations and 1,200 Moh's gross and slide examinations annually.</p>
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 record review of bi-annual verification and an interview with the laboratory</p>

technician on 03/04/21, the laboratory failed to document, at least twice annually, the verification accuracy of Potassium Hydroxide (KOH) examinations. The findings include: 1. A record review of bi-annual verification identified that the laboratory failed to document bi-annual verification of KOH examinations from the time the laboratory opened in October of 2019 to the time of the current survey on 03/04/2021. 2. An interview with the laboratory technician on 03/04/21 at 2:00 PM confirmed the above findings. 3. The laboratory report performing 50 KOH examinations annually

D6066

TESTING PERSONNEL QUALIFICATIONS
CFR(s): 493.1423(b)(4)(ii)

Have documentation of training appropriate for the testing performed prior to analyzing patient specimens.

This STANDARD is not met as evidenced by:
Based on record review of training documentation, the CMS-209 personnel form, and an interview with the laboratory technician on 03/04/21, the laboratory failed to document initial training for Potassium Hydroxide (KOH) examinations prior to testing patient specimens. The findings include: 1. A record review of testing personnel training documentation revealed that four of four testing personnel listed on the CMS-209 had no initial training documented for KOH examinations prior to testing patient specimens. 2. An interview with the laboratory technician on 03/04/21 at 2:00 PM confirmed the laboratory had no documentation of initial training for KOH examinations. 3. The laboratory report performing 50 KOH examinations annually.