Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 13D2306016	**(X3) Date Survey Completed** 05/09/2025
Name of Provider or Supplier Wray Dermatology	**Street Address, City, State** 500 S 11th Ave Ste 301, Pocatello, 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**
D0000	During an offsite paper revisit the laboratory was found to be in compliance with CLIA regulations (42 CFR Part 493 effective April 24, 2003.), all previous deficiencies found were corrected.
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 Mohs bi-annual verification documentation and an interview with the laboratory director on 5/9/2025, the laboratory failed to verify the accuracy of Mohs slide examinations at least twice annually. The findings include: 1. A lack of bi-annual verification documentation identified that the laboratory failed to verify the accuracy of Mohs slide examinations since beginning testing in August 2024. 2. An interview with the laboratory director on 5/9/2025 at 10:09 am confirmed that the laboratory did not verify the accuracy of Mohs slide examination since beginning testing in August 2024. 3. The laboratory reports performing 150 Mohs slide examinations annually.