

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D1096719	(X3) Date Survey Completed 05/10/2023
Name of Provider or Supplier Riverside Dermatology	Street Address, City, State 163 Medical Drive, Hannibal, MO	
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
D2003	<p>ENROLLMENT CFR(s): 493.801(a)(2)(ii)</p> <p>For those tests performed by the laboratory that are not included in subpart I of this part, a laboratory must establish and maintain the accuracy of its testing procedures, in accordance with 493.1236(c)(1)</p> <p>This STANDARD is not met as evidenced by: Based on lack of proficiency records to date May 10, 2023, and interview with the laboratory assistant, the laboratory failed to establish a means to verify the accuracy of the non-regulated analyte for KOH testing twice a year. Findings: 1. Lack of proficiency records for 2021, 2022 and to date April 11, 2023, showed the laboratory failed to prove accuracy on the non-regulated analyte KOH exam. 3. Interview with the laboratory assistant on May 10, 2023 at 2:00 PM confirmed the laboratory failed to establish a means to verify the accuracy of the non-regulated analyte KOH testing twice per year.</p>