

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 28D2288007	<b>(X3) Date Survey Completed</b> 05/27/2025
<b>Name of Provider or Supplier</b> Chi Health Clinic Dermatology - Elkhorn	<b>Street Address, City, State</b> 1625 N 205th Street, Elkhorn, NE	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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 review of the laboratory's list of tests performed, lack of verification records, and interview with the clinic manager the laboratory failed to have a system for verifying the accuracy of Moh's testing at least twice annually for 2024. Findings are: 1. Review of the laboratory's list of tests performed revealed the laboratory performs Moh's testing. 2. Interview with the clinic manager on 5/27/2025 at approximately 10:15 AM, confirmed the laboratory did not have documentation of verification of accuracy for Moh's testing in 2024.</p>