

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0954636	(X3) Date Survey Completed 02/02/2022
Name of Provider or Supplier Central Wyoming Skin Clinic	Street Address, City, State 2546 E 2nd St Suite 400, Casper, WY	
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
D6076	<p>LABORATORY DIRECTOR CFR(s): 493.1441</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on review of the CMS-209 Laboratory Personnel report, review of personnel records, and staff interview, the laboratory director failed to ensure policies and procedures were established for monitoring 1 of 3 testing personnel (nurse practitioner (NP) #1) who conducted preanalytical, analytical, and postanalytical phases of testing for two consecutive survey cycles (2020, 2022). Refer to D6103.</p>
D6103	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13)</p> <p>The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills.</p> <p>This STANDARD is not met as evidenced by: Based on review of the CMS-209 Laboratory Personnel report, review of personnel records, and staff interview, the laboratory director failed to ensure policies and procedures were established for monitoring 1 of 3 testing personnel (nurse practitioner (NP) #1) who conducted preanalytical, analytical, and postanalytical phases of</p>

mycology testing (potassium hydroxide) to ensure they were competent and maintained their competency to perform and report test results promptly and proficiently for 1 of 2 years reviewed (2021). The findings were: 1. Review of the CMS-209 Laboratory Personnel Report showed NP #1 was listed as "testing personnel" which performed moderately complex testing. Interview with the office manager on 2/2/22 at 10:30 AM revealed NP #1 performed 3 potassium hydroxide tests in 2021. 2. Review of NP #1's personnel record showed no evidence a competency assessment was completed in 2021. 3. Interview with the office manager on 2/2/22 at 12 PM confirmed the laboratory had not developed a policy and procedure for completing the competency assessments on testing personnel, and had failed to complete an assessment for NP #1 in 2021. **THIS IS A REPEAT DEFICIENCY**, last cited on 1/30/20.