

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2090025	(X3) Date Survey Completed 04/05/2022
Name of Provider or Supplier Alameda County Public Health	Street Address, City, State 2901 Peralta Oaks Ct 2nd Fl, Oakland, CA	
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
D5503	<p>BACTERIOLOGY CFR(s): 493.1261(a)(2)</p> <p>(a) The laboratory must check the following for positive and negative reactivity using control organisms: (a)(2) Each week of use for gram stains.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor's review of the laboratory's bacteriology quality control records and an interview with laboratory personnel (LP) on 4/5/2022 between 8:30 a.m. and 10:30 a.m, it was determined that quality control result information for gram staining was missing for 2020 and 2021. Findings include: 1. On 4/5/2022, an inspection was conducted between 8:30 a.m. and 10:30 a.m. 2. During a review of the laboratory documentation for quality control documentation in microbiology, it was determined that gram stain acceptability metrics were missing for 2020 and 2021. 3. Gram stain quality control is required each week of testing. 4. The findings were discussed with the LP, and they verified that the metrics were missing for 2020 and 2021.</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 the surveyor's review of the laboratory's records for evaluation of</p>

competency reporting and an interview with laboratory personnel (LP) on 4/5/2022 between 8:30 a.m . and 10:30 a.m, it was determined that the staff competency reports for 2020 were missing. Findings include: 1. On 4/5/2022, an inspection was conducted between 8:30 a.m. and 10:30 a.m. 2. During a review of the laboratory documentation for staff competency, the reports for the testing personnel (TP) were missing for 2020. 3. Annual Competency reporting is required for testing personnel. 4. The findings were discussed with the LP, and they verified that the 2020 records were absent.