

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D2113231	<b>(X3) Date Survey Completed</b>  08/02/2019
<b>Name of Provider or Supplier</b>  Scpmg Central Medical Offices	<b>Street Address, City, State</b>  3733 San Dimas St, Bakersfield, CA	
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 requested for documentation and interview with laboratory representatives, the laboratory failed to twice annually verify the accuracy of their KOH preps and Wet Mounts. Findings include: a. The surveyor requested (at August 2, 2019, 9:55 A. M.) to see 2018 documentation of verifications of accuracy for the laboratory's KOH preps and Wet Mounts. The laboratory representatives could not produce documentation of the bi-annual verification of these tests. b. For 2018, the laboratory performed approximately a total of 100 patient KOH preps and Wet Mounts without verifying and documenting the accuracy of these tests.</p>