

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 06D0917188	(X3) Date Survey Completed 04/09/2018
Name of Provider or Supplier Avista Women's Care	Street Address, City, State 90 Health Park Dr, Ste 290, Louisville, CO	
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
D5217	<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 the quality assessment (QA) plan, lack of accuracy verification (comparison testing) documentation and staff interview, the laboratory failed to twice annually verify the accuracy of vaginal wet preparation examinations in 2016 and 2017 and approximately 25 patient specimens were tested annually. Findings include: a. The laboratory's QA Plan states, "Provider proficiency/accuracy testing for KOH/Wet preps will be done bi-annually." b. No accuracy verification records were found in the laboratory for provider performed vaginal wet preparation examinations for 2016 and 2017. c. Staff confirmed accuracy verification of vaginal wet preparation examinations were not performed on a biannual basis in the laboratory.</p>