

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0964970	(X3) Date Survey Completed 06/05/2018
Name of Provider or Supplier Oga	Street Address, City, State 3520 E Louise Dr, Meridian, ID	
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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a record review and an interview with the laboratory technologist, the laboratory failed to follow and document the quality assurance plan to assess the competency of two testing personnel performing wet mounts/potassium hydroxide (KOH) testing since the last survey on September 21, 2016. Findings: 1. A review of personnel documents and the laboratory quality assurance plan revealed the laboratory failed to perform competency assessments for 2 out of 14 testing personnel listed on the CMS-209 Personnel Report form performing wet mounts/KOH. 2. An interview on June 5, 2018 at 9:30 AM, with the laboratory technologist, confirmed the laboratory failed to perform and document the competency assessment for two testing personnel performing wet mounts/KOH since the last survey.</p>