

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D0432728	<b>(X3) Date Survey Completed</b>  01/16/2024
<b>Name of Provider or Supplier</b>  Champaign Urbana Public Health District	<b>Street Address, City, State</b>  201 West Kenyon Rd, Champaign, IL	
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>D2009</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records, lack of documentation, and interview with the technical consultant (TC); the laboratory failed to ensure attestation statements were completed for five of five PT events for Vaginal Wet Preparation (KOH) testing in 2022 and 2023. Findings Include: 1. Review of the American Proficiency Institute (API) PT records for 2022 and 2023 revealed a lack of attestation statements for five of five routine Vaginal Wet Preparation (KOH) PT testing events in 2022 and 2023. 2. On survey date 01/16/2024, at 11:20 am, an interview with the TC confirmed these findings.</p>
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> 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 review of the laboratory records, lack of documentation, and interview with the technical consultant (TC); the laboratory failed to have a competency policy /procedure in place to assess employee competency as required per 493.1235. Findings Include: 1. Review of the laboratory's policy and procedure manual</p>

identified the laboratory failed to have a competency assessment policy/procedure in place as required per 493.1235. 2. On survey date 01-16-2024, at 11:17 am, the TC confirmed the laboratory failed to have a competency policy/procedure in place to assess employee competency.