

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D0647032	<b>(X3) Date Survey Completed</b>  07/19/2018
<b>Name of Provider or Supplier</b>  Illinois Department Of Public Health - Carbondale	<b>Street Address, City, State</b>  1155 S Oakland Street, Carbondale, 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>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 record review and staff interview, the laboratory failed to verify twice annually the accuracy of FTA testing that is performed for identifying syphilis. The findings include: 1. No records were made available to the inspector when requested for this twice per year verification. 2. On July 19, 2018, about 10:30 AM staff confirmed no twice per year verification records were available.</p>