

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  38D0622849	<b>(X3) Date Survey Completed</b>  10/04/2021
<b>Name of Provider or Supplier</b>  West Hills Health Care Clinic	<b>Street Address, City, State</b>  2163 Nw 2nd St, McMinnville, OR	
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 the proficiency testing (PT) records and discussion with testing personnel (TP), the laboratory failed to ensure that the testing personnel and the Laboratory Director (LD) signed the attestation form for each proficiency testing event from Medical Laboratory Evaluation (MLE/ACP). Findings include: 1. For Event #1, 2020, the LD did not sign or date the attestation form. 2. For Event #2, 2020, neither the TP or the LD signed or dated the attestation form. 3. For Event #3, 2020, neither the TP or the LD signed or dated the attestation form. 4. For Event #2, 2021, neither the TP or the LD signed or dated the attestation form. 5. For Event #2, 2021, there was no corrective action noted for the unacceptable Total Bilirubin result (specimen CH-7) that was reported.</p>