Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0627519	(X3) Date Survey Completed 08/12/2019
Name of Provider or Supplier Oregon Medical Group Center For Women	**Street Address, City, State** 330 S Garden Way Suite 220, Eugene, OR	
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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based upon review of competency records for providers and discussion with the Lab Manager, the laboratory failed to ensure all providers performing microscopy participated in biannual verification. Findings include: 1. One (1) out of five (5) providers at the clinic failed to complete the biannual verification for providers performing microscopy for 2019. 2. The Lab Manager confirmed during interview on 8/12/2019 at approximately 1245 that this provider had not participated in the biannual verification 2019 she oversees.