

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0627955	(X3) Date Survey Completed 07/31/2024
Name of Provider or Supplier David F Young Md Pc	Street Address, City, State 1309 Ne 6th St, Grants Pass, 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	<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 a review of proficiency testing (PT) records and an interview with the Laboratory Director (LD), the laboratory failed to perform biannual verification of the test KOH test slides. Findings include: 1. A review of PT records revealed no biannual verification was performed for KOH for 2023 and 2024. 2. An interview with the Laboratory Director and Office Manager confirmed these findings on 07/31/2024 @ 14:30 PM. 3. The laboratory performs approximately 10 KOH tests per year.</p>