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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 38D0628271 | (X3) Date Survey Completed 08/18/2020 |
| Name of Provider or Supplier Bend Dermatology Clinic Lab Llc | Street Address, City, State 2747 Ne Connors Avenue, Bend, 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 review of written records and discussion with staff, the laboratory failed to ensure testing personnel (TP)performing Potassium Hydroxide (KOH) mounts had bi-annual competency assessment. Finding include: 1. Upon review of the KOH log book, six (6) out of seven (7) providers performing KOH mounts did not have any peer review or competency assessment for 2019 and 2020. 2. This finding was confirmed by staff during interview 08/18/2020 at approximately 1130 a.m.</p> |