

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0666909	(X3) Date Survey Completed 08/19/2020
Name of Provider or Supplier Linn County Department Of Health Services	Street Address, City, State 315 4th Ave Sw, Albany, 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 upon review of written personnel competency records and discussion with staff, the laboratory failed to ensure testing personnel (TP) that perform vaginal wet mounts and Potassium Hydroxide (KOH) mounts had bi-annual competency verification. Findings include: 1. No written competency records could be produced for the TP performing vaginal wet mounts or KOH preps for the years 2019 and 2020. 2. This is a repeat citation.</p>