

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0672159	(X3) Date Survey Completed 08/07/2024
Name of Provider or Supplier Csl Plasma Inc	Street Address, City, State 16225 Ne Glisan, Gresham, 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
D3009	<p>FACILITIES CFR(s): 493.1101(c)</p> <p>The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements.</p> <p>This STANDARD is not met as evidenced by: 3009 Based on review of the laboratory's maintenance records and an interview with the center manager during the survey 08/07/2024, the laboratory failed to comply with Oregon OSHA standard: OAR 437 Division 2/K, OAR 437-002-0161 and Division 4 /K, OAR 437-004-1305 Testing: All eyewash and shower facilities must be adequately maintained and should be activated weekly to flush the supply and line and to verify proper operations. Findings include: 1. Review of the laboratory's eyewash maintenance records indicated that the eyewash station was being checked monthly. 2. An interview with the center manager on 08/07/2024 at 1400 confirmed that the eyewash was being checked monthly. 3. The laboratory reports performing 72,993 tests annually.</p>