

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0965600	(X3) Date Survey Completed 06/13/2019
Name of Provider or Supplier Willamette Dermatology Pc	Street Address, City, State 19875 Sw 65th Avenue Suite 260, Tualatin, 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 Proficiency Testing records and discussion with the staff the laboratory failed to verify the accuracy of the test or procedure twice annually for the Potassium Hydroxide (KOH) test system. Findings include: 1. The surveyor requested and the laboratory failed to provide biannual verification for the KOH test system for 2018 and 2019. 2. The last biannual verification documentation was done by AKK PA-C in October, 1 2017. 3. The Laboratory Director and the Nurse Manager concurred with these findings 06/13//2019 at 15:00 PM.</p>