

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0990261	(X3) Date Survey Completed 07/15/2019
Name of Provider or Supplier Oregon Medical Group Gateway Medical Lab	Street Address, City, State 1007 Harlow Road Suite 310, Springfield, 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 records and discussion with the off site Lab manager, the laboratory failed to ensure the testing personnel performing potassium hydroxide (KOH) wet mounts had participated in bi-annual verification. Findings include: 1. During the review of records with the off site manager during the survey 07/15/2019, no written documentation of bi-annual verification could be produced for the second half of 2017 and all of 2018 for personnel performing KOH wet mounts.</p>