

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  38D1052679	<b>(X3) Date Survey Completed</b>  11/18/2019
<b>Name of Provider or Supplier</b>  Labcorp Woodburn	<b>Street Address, City, State</b>  1175 Mt Hood Avenue, Woodburn, OR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5291</b>	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a)</p> <p>The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's policies and procedures and discussion with the staff the laboratory failed to follow wirtten procedures for Quality Assessment (QA) / Patient Test Management. Findings include: 1. The surveyor requested and the laboratory failed to provide proof of documentations of ongoing quality assessment (QA) and patient test management for the year 2018 and 2019. The last documented QA was dated 4/4/2017. 2. The Laboratory Director concur with these finding 11/18 /2019 @ 16:00 PM.</p>