Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D1052681	(X3) Date Survey Completed 11/18/2019
Name of Provider or Supplier Laboratory Corporation Of America	**Street Address, City, State** 255 Lancaster Dr Ne, Salem, 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
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) 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. 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 written 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 11/1/2017. 2. The Laboratory Director concur with these finding 11/18 /2019 @ 14:00 PM.