

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D2018422	(X3) Date Survey Completed 10/24/2018
Name of Provider or Supplier Silver Falls Dermatology	Street Address, City, State 2358 Nw Kings Blvd, Ste 100, Corvallis, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Base on review of maintenance records and discussion with the staff the laboratory failed to perform scheduled preventive maintenance of the Microscope and Cryostats. Findings include: 1. No documentation of yearly preventive maintenance of the microscope for the year 2017 and 2018 at the time of survey. 2. No documentation of yearly preventive maintenance of the Cryostats QS-12 and the Leica CM 1850 for 2017 and 2018 at the time of survey. 3. The Quality Compliance Officer concur with this findings 10/24/2018 @ 15:30 PM.</p>