Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	38D2314333	07/29/2025
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Associates Lake Oswego	4004 Kruse Way Place, Ste 220, Lake Oswego, 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
D3009	FACILITIES CFR(s): 493.1101(c) The laboratory must be in compliance with applicable Federal, State, and local laboratory requirements. This STANDARD is not met as evidenced by: Based on a review of maintenance records and an interview with the clinic manager, the laboratory failed to perform and document weekly inspections for the eye wash stations. Findings include: 1. Request a review of maintenance records for the eye wash stations, which revealed the facility was unable to produce such records. 2. Oregon OSHA requires eyewash stations to be inspected weekly for proper functionality and annually for compliance with safety standards. Weekly inspections involve activating the unit to ensure it functions and delivers water properly. Annual inspections are more thorough, ensuring the station meets the requirements of ANSI Z358.1. 3. An interview with the clinic manager at 12:45 p.m. on 07/29/2025 confirmed that the laboratory is not performing weekly inspections.