

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  52D0394072	<b>(X3) Date Survey Completed</b>  10/24/2018
<b>Name of Provider or Supplier</b>  Poser Clinic Llc	<b>Street Address, City, State</b>  635 Park Ave, Columbus, WI	
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>D5217</b>	<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 surveyor review of proficiency testing (PT) records and interview with the technical consultant, the laboratory has not verified the accuracy of the KOH (potassium hydroxide) test for fungus or the urine sediment examination twice annually using proficiency testing or another method of accuracy verification. Findings include: 1. Review of PT records show no evidence of twice annual evaluation of KOH or urine sediment examination. 2. Interview with the technical consultant on October 24, 2018 at 10:15 AM confirmed the laboratory did not verify the accuracy of KOH testing or urine sedimentation examination twice annually.</p>