

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0661895	(X3) Date Survey Completed 06/25/2018
Name of Provider or Supplier Kenosha County Div Of Health Laboratory	Street Address, City, State 8600 Sheridan Rd Ste 600, Kenosha, WI	
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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of laboratory procedures, patient test results, and interview with the technical consultant, the procedure for the wet mount microscopic examination was not available to laboratory personnel. Findings include: 1. Review of the laboratory procedure manual revealed no procedure was available for the examination and result reporting of wet mount preparations. 2. Review of patient report from this laboratory (patient 1) revealed a wet mount examination was performed and reported on April 9, 2018. 3. Email correspondence received on July 2, 2018 at 3:15 PM from the technical consultant confirmed a procedure for wet mount examinations was not available to laboratory personnel.</p>