

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0719792	(X3) Date Survey Completed 02/25/2019
Name of Provider or Supplier Univ Of Wi Oshkosh Student Health Center	Street Address, City, State 777 Algoma Blvd, Oshkosh, 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
D5787	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of test records and interview with the technical consultant, the laboratory did not document the identity of the Advanced Practice Nurse Prescriber (staff A or staff B) who performed microscopic testing of vaginal wet prep samples for two of two records reviewed. Findings include: 1. Review of test records for two vaginal wet preps performed by Advanced Practice Nurse Prescribers (staff A or staff B) showed the test records did not identify the person who performed the test. 2. Interview with the technical consultant on February 25, 2019 at 12:00 PM confirmed the laboratory did not document the identity of the personnel performing vaginal wet prep tests.</p>