Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0857120	(X3) Date Survey Completed 07/18/2019
Name of Provider or Supplier La Farge Clinic - Vmh	**Street Address, City, State** 206 N Mill Street, La Farge, 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	TEST RECORDS CFR(s): 493.1283(a) 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). 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 provider who performed microscopic testing of vaginal wet prep samples for four of four records reviewed. Findings include: 1. Review of four out of four test records for vaginal wet preps performed by providers in September of 2018 showed the test records did not identify the person who performed the test. 2. Interview with the technical consultant on July 18, 2019 at 1:00 PM confirmed the laboratory did not document the identity of the personnel performing vaginal wet prep tests.