

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D1021667	(X3) Date Survey Completed 02/09/2021
Name of Provider or Supplier Thedacare Cancer Care Oshkosh	Street Address, City, State 491 S Washburn St, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of proficiency testing (PT) records from 2019 and 2020 and interview with the technical consultant, the laboratory director or designee did not attest to the routine integration of PT samples into the patient workload using the laboratory's routine methods for three of five hematology events. Findings include: 1. Review of hematology PT records from events one through three in 2019 and events one and two in 2020 showed no evidence of the director's or a designee signature for the third event in 2019 or the first and second events in 2020. 2. Interview with the technical consultant on February 9, 2021 at 12:45 PM confirmed the director or designee had not signed the attestation statements for three of five hematology events in 2019 and 2020.</p>