

**AGENCY REVIEW**

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**March 3 and 21, 2014  
Prepared by  
Oregon Health Authority  
Public Health Division**

**Laurie Smith, RN, MPH and Monica Darco, RN  
Public Health Nursing Consultants**

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<b>OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR</b>	
<b>COMMUNITY LIAISON</b>	
<b>ADMINISTRATION</b>	
<p>The LPHA must assure written performance evaluations are conducted annually or according to county policy. <a href="#">CLHO Minimum Standards</a></p>	8/1/14
<p>All positions have current written job descriptions, including minimum qualifications. <a href="#">CLHO Minimum Standards</a></p>	8/1/14
<p>The LPHA must assure there is a process for new employee HIPAA training. 45 CFR part 164.530 (b)(2)(B). Add a written policy and procedure for new employee training.</p>	8/1/14
<p>In accordance with Board of Pharmacy rule, the LPHA must assure drug cabinet or room is locked in the absence of the health officer or registered nurse. Only these persons shall have a key. <a href="#">OAR 855-043-0130(1)(a)</a> Since all staff have a key to the pharmacy room, assure the cupboards containing medication are locked at all times with only licensed staff having a key to the cupboards.</p>	Immediately
<p>The LPHA must assure written policies and procedures exist to guide staff in responding to an emergency. <a href="#">29 CFR § 1910.38</a></p>	8/1/14
<p>The LPHA must assure nurse scope of practice is supported by current, signed policies, procedures, and standing orders. (<a href="#">Oregon State Board of Nursing</a>, Nurse Practice Act, <a href="#">Division 45</a>)</p> <ul style="list-style-type: none"> <li>• Review standing orders for communicable disease, including sexually transmitted disease.</li> </ul> <p><b>For more detailed information, please see the completed program review tool in section 2.</b></p>	8/1/14

**REVIEWERS:** Laurie Smith and Monica Darco

**RESPONDENT:** Teri Thalhofer

<p align="center"><b>NORTH CENTRAL PUBLIC HEALTH DISTRICT</b></p>	
<p align="center"><b>COMPLIANCE FINDINGS</b></p>	<p align="center"><b>TIMELINE FOR CHANGE</b></p>
<p><b>CENTER FOR PREVENTION AND HEALTH PROMOTION</b></p> <p><b>BABIES FIRST!</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>3</u>.</b></p>	
<p><b>REVIEWER:</b> Francine Goodrich</p>	<p><b>RESPONDENT:</b> Jane Palmer and MCH Staff Members</p>

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR**

**COMMUNITY LIAISON**

**CIVIL RIGHTS**

The LPHA must assure civil rights compliance responsibilities are met.

- Provide documentation that the Civil Rights Self Assessment has been reviewed by the LPHA.
- Provide documentation that there is a plan to improve any deficient areas identified by the Civil Rights Self Assessment.

8/1/14

**For more detailed information, please see the completed program review tool in section 4.**

**REVIEWER:** Laurie Smith & Monica Darco

**RESPONDENT:** Teri Thalhofer

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PUBLIC HEALTH PRACTICE**

**ACUTE AND COMMUNICABLE DISEASE PROGRAM**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 5.**

**REVIEWER:** Matt Laidler

**RESPONDENT:** Allyson Smith, Jane Palmer, Teri Thalsofer

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR HEALTH PROTECTION**

**DRINKING WATER**

LPHA is not consistently following up on water system survey significant deficiencies. Deficiency follow up is a critical part of the survey process, and must be done uniformly, fairly, and consistently.

LPHA shall contact all water systems who have had a survey with significant deficiencies identified over the last 12 months, and determine current status of completion. Further, LPHA will ensure all water systems with deficiencies that have not been addressed, adequately address them within established timeframes or place systems on a schedule to complete said corrective actions as per

**Section 8 and**

[OAR 333-061-0076 \(6\)\(b\)\(7 – 8\)](#)

Water System Survey Reference Manual, March 2013\*

[PE 50 3.b.viii.](#)

While the follow up work might take as much as eight (8) months to fully complete for each water system, LPHA should be at 25% complete by 06/25/2014.

**Follow up  
25%  
complete by  
06/25/2014**

**For more detailed information, please see the completed program review tool in section 6.**

**REVIEWER:** Tony Fields

**RESPONDENT:** John Zalaznik

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR**

**FISCAL**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 7.**

**REVIEWER:** Marivic Tupaz

**RESPONDENT:** Kathi Hall

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR HEALTH PROTECTION**

**FOOD, POOL, AND LODGING HEALTH & SAFETY**

The LPHA must completely fill out inspection reports and obtain the operator or person-in-charge's signature in the Recreational Park Program, and the Environmental Health Specialists must sign and date temporary restaurant inspection forms documenting whether a consultation or inspections was conducted. [OAR 333-012-0055\(3\)\(d\)\(A-D\)](#)

6/30/14

The LPHA must provide a light meter for staff to share. [OAR 333-012-0055\(3\)\(f\)\(D\)](#)

6/30/14

The LPHA must adopt rules for conducting administrative hearings in accordance with the requirements in ORS 183 for Gilliam County. [ORS 183](#). [OAR 333-012-0067\(1\)](#)

6/30/14

**For more detailed information, please see the completed program review tool in section 8.**

**REVIEWERS:** Cindy Robinson and Erica Van Ess

**RESPONDENT:** John Zalaznik

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PUBLIC HEALTH PRACTICE**

**IMMUNIZATIONS**

An entity receiving state supplied vaccine shall submit vaccine accounting information required under OAR 333-047-0040 according to the schedule set out in the Vaccine User Accountability Reporting Table (OAR 333-047-0050).

- All data must be submitted within 14 days of vaccine administration.

Initial data entry for the school immunization review cycle must be completed by 23 days after the third Wednesday in February, as specified by OAR 333-050-0110.

- 2013 data was not submitted in time.

6/1/14

Resolved in  
2014

**For more detailed information, please see the completed program review tool in section 10.**

**REVIEWER:** Mary Beth Kurilo, Rex  
Larsen

**RESPONDENT:** Dianne Kerr

<b>NORTH CENTRAL PUBLIC HEALTH DISTRICT</b>	
<b>COMPLIANCE FINDINGS</b>	<b>TIMELINE FOR CHANGE</b>
<p><b>CENTER FOR PREVENTION AND HEALTH PROMOTION</b></p> <p><b>PERINATAL PROGRAM</b></p> <p>The LPHA is in compliance with all program requirements.</p> <p><b>For more detailed information, please see the completed program review tool in section <u>11</u>.</b></p>	
<b>REVIEWER:</b> Francine Goodrich	<b>RESPONDENT:</b> Jane Palmer and MCH Staff members

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**Reproductive Health Program Federal Review April 1<sup>st</sup>, 2014**

- There is no medical record evidence that shows that adolescents are receiving counseling regarding parental involvement or how to resist attempts to engage in sexual activities.
  
- There is no evaluation of contractor performance and documentation that contractors have met the terms, conditions and specifications of the contract.
  
- The clinic facilities need to be assessed by professionals with the proper skills and knowledge to confirm that the facility meets applicable standards established by Federal, State, and local governments (e.g. local fire, building, and licensing codes). Any confirmed safety violations need to be corrected.
  
- Program management is not consistent with Title X guidance in the area of personnel; as such, personnel policies must be developed and in place.

6/23/2014

7/22/2014

Assessment  
of the facility  
by 6/23/2014

Corrections  
of inspection  
findings by  
8/21/2014

8/21/2014

**For more detailed information, please see the completed program review tool in section 12.**

**REVIEWER:** Linda Mccauley, RN,  
OHA and Capt. Glass, RN, Region X

**RESPONDENT:** Grace Anderson, RN

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PUBLIC HEALTH PRACTICE**

**SEXUALLY TRANSMITTED INFECTIONS (STI)**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 13.**

**REVIEWER:** Larry Hill

**RESPONDENT:** Allyson Smith

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**TOBACCO PREVENTION AND EDUCATION PROGRAM**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 14.**

**REVIEWER:** Sabrina Freewynn

**RESPONDENT:** Teri Thalhofer

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PUBLIC HEALTH PRACTICE**

**TUBERCULOSIS**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 15.**

**REVIEWER:** Heidi Behm, Lindsey Lane

**RESPONDENT:** Allyson Smith, Jane Palmer

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PUBLIC HEALTH PRACTICE**

**VITAL RECORDS**

The LPHA is in compliance with all program requirements.

**For more detailed information, please see the completed program review tool in section 16.**

**REVIEWER:** Judy A. Shioishi

**RESPONDENT:** Kathi Hall

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS – 2012**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)**

- |  |                                   |
|--|-----------------------------------|
| <ul style="list-style-type: none"> <li>● Assure that quarterly nutrition in-services are offered to staff for continuing education, (Policy 660)</li> </ul>  | <p>Resolved<br/>November 2012</p> |
| <ul style="list-style-type: none"> <li>● Assure that a self evaluation of program operations is conducted every other year. (Policy 215)</li> </ul>  | <p>Resolved<br/>November 2012</p> |
| <ul style="list-style-type: none"> <li>● Assure that self declared income is consistently documented for participants with adjunctive eligibility and that responses of no income are adequately explored. (Policy 612)</li> </ul> | <p>Resolved<br/>November 2012</p> |
| <ul style="list-style-type: none"> <li>● Assure that ineligibility and graduation letters are distributed monthly. (Policy 636) <i>This is a repeat finding from 2010</i></li> </ul>   | <p>Resolved<br/>May 2013</p>      |
| <ul style="list-style-type: none"> <li>● Assure that all applicable risks are correctly selected for each participant. (Policy 625) <i>This is a repeat finding from 2008 and 2010.</i></li> </ul>                                 | <p>Resolved<br/>February 2013</p> |
| <ul style="list-style-type: none"> <li>● Assure that required documentation is completed for all manually assigned risks. (Policy 625) <i>This is a repeat finding from 2010.</i></li> </ul>                                       | <p>Resolved<br/>March 2013</p>    |
| <ul style="list-style-type: none"> <li>● Assure that risk levels are adjusted from medium to high when specific risk criteria are met. (Policy 625) <i>This is a repeat finding from 2010.</i></li> </ul>                          | <p>Resolved<br/>March 2013</p>    |
| <ul style="list-style-type: none"> <li>● Assure that mandatory diet assessment questions are completed at each mid certification health assessment. (Policy 646)</li> </ul>  | <p>Resolved<br/>February 2013</p> |
| <ul style="list-style-type: none"> <li>● Assure that required Oregon Health Plan referrals are completed when appropriate. (Policy 880 and 885)</li> </ul>   | <p>Resolved<br/>May 2013</p>      |
| <ul style="list-style-type: none"> <li>● Assure that nutrition education is offered to each participant at every certification. (Policy 820) <i>This is a repeat finding from 2010.</i></li> </ul>                                 | <p>Resolved<br/>March 2013</p>    |

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS – 2012**

**TIMELINE  
FOR  
CHANGE**

- Assure that nutrition education topics discussed during certifications and individual education appointments are documented correctly. (Policy 830) **Resolved  
March 2013**
- Assure that second nutrition education opportunities are offered to each participant at each certification. (Policy 820) **Resolved  
March 2013**
- Assure that all high risk participants are referred to or offered a referral to the registered dietitian according to local agency protocol. (Policy 661) **Resolved  
May 2013**
- Assure that breastfeeding mothers who request formula are provided with assessment and counseling from qualified staff. (Policy 713) **Resolved  
November 2012**
- Assure that voucher audits are completed quarterly. (Policy 500) **Resolved  
November 2012**
- Assure that participant confidentiality is protected at all program sites. (Policy 596) **Resolved  
May 2013**

**For more detailed information, please see the completed program review tool in section 17.**

**REVIEWER:** Vernita Reyna

**RESPONDENT:** Lori Treichel

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

**COMPLIANCE FINDINGS – 2012**

**TIMELINE  
FOR  
CHANGE**

**CENTER FOR PREVENTION AND HEALTH PROMOTION**

**WIC FARM DIRECT NUTRITION PROGRAM (FDNP)**

- Assure that FDNP check register pages are accurately completed with appropriate dates and signatures for each check distribution. (Policy 1100)

**Resolved  
November 2012**

**For more detailed information, please see the completed program review tool in section 17.**

**REVIEWER:** Vernita Reyna

**RESPONDENT:** Lori Treichel

June 6, 2014

The Honorable Michael Smith  
Sherman County Commissioner  
Chair, North Central Public Health District Board  
PO Box 365  
Moro, OR 97039

Dear Commissioner Smith:

The triennial onsite agency review of North Central Public Health District was conducted between March 5 and April 11, 2014. The Oregon Health Authority, Public Health Division, evaluated county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement. The review included the appraisal of approximately 766 separate items in 16 program areas. While there are some areas that need attention, keep in mind the vast majority of findings were positive.

A full report, including the specific timelines for correction, has been sent to Teri Thalhofer, Public Health Administrator. Staff in the Office of Community Liaison will work with her to document resolution of the findings. We think the report will also be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community. Please send a written response within ten days affirming that you will meet the timelines for correcting the compliance findings. Once all the required elements are successfully completed, we will write you a letter to confirm that and close the file for this review.

Our office will contact Teri and your office to arrange an exit interview to go over the findings and answer any questions. We leave it to the local Board to decide if this meeting of the Local Public Health Authority (LPHA) and the Health Administrator is attended by one or more of the commissioners.

**Programs included in the compliance review**

Administration	Immunizations
Babies First!	Perinatal
Civil Rights	Sexually Transmitted Infections
Communicable Disease	Tobacco Prevention & Education
Drinking Water	Tuberculosis
Fiscal	Vital Records
Food, Pool and Lodging	WIC
Health & Safety	WIC Farm Direct Nutrition Program
Health Officer	

**Commendations**

Several program reviewers submitted commendations to the Office of Community Liaison as follows:

**MCH**

Administrator Teri Thalhofer has demonstrated leadership both locally and at the state level by her ongoing work as administrator of the first multi-county public health district in Oregon, her participation in the State Home Visiting Design Team, and her appointment to the State Early Learning Council by Governor Kitzhaber.

**Strengths**

- High level of nursing and MCH staff expertise regarding program implementation. Staff demonstrates a comprehensive knowledge of populations specific to the three county service areas.
- Excellent community collaboration and partnerships established and ongoing for program referral for OMC, MCM and Babies First! programs.
- Excellent rapport and collaboration noted between Nurse Supervisor and MCH staff members. Good communication noted, as well, regarding multiple job roles that each person has responsibility for providing.
- The coordination of Home Visiting services across the 3 counties provides an excellent example of MCH staff organization and provision of the home visiting services continuum.
- Much effort is directed to the assurance that provision of health education, interpretive services and resources are culturally and linguistically appropriate for the population.
- OMC services are coordination by Maria DePena, Community Health Worker. Maria is bilingual and well known in the community.

- Fiscal support and expertise noted from interview with Kathi Hall, Business Manager, and Oscar Rodriguez, Billing Clerk.

### **Tobacco Prevention and Education Program**

The Tobacco Prevention and Education Program (TPEP) has successfully promoted policy change for tobacco-free environments in a variety of settings, including the Wasco County property that housed NCPHD, Mid-Columbia Center for Living, Wasco County 911 and Community Corrections. In Gilliam County, the TPEP Coordinator worked with a church where a food bank operates to make the entire property smoke-free. TPEP is working with a number of other institutions to promote adoption of tobacco-free policies, including Columbia Gorge Community College and One Community Health. The public housing authority has a smoke-free policy, and the TPEP Coordinator has provided technical assistance to several multi-housing property managers who have implemented no-smoking rules.

The TPEP Coordinator has many years of experience in tobacco control, including great work supporting communications and other efforts related to compliance with tobacco-free policies. This includes promoting the Oregon Tobacco Quit Line as a resource for people who would like to quit tobacco, and working with health care and mental health partners to establish fax referral policies to increase referrals to the Oregon Tobacco Quit Line. The program has also effectively used media communications to get the message out about the costs of tobacco use to the community and about changing social norms related to tobacco.

TPEP has effectively developed and maintained community partnerships to achieve program goals. Examples of community partners include the local hospital, law enforcement and prevention coalitions in each of the three counties served by NCPHD.

TPEP has been preparing for a greater focus on strategies to address tobacco promotion and youth access in the retail setting. Plans are being developed to conduct an assessment of issues related to tobacco at the point of sale, to help inform strategies for related policy work.

### **Food, Pool and Lodging Health & Safety**

North Central Public Health District (NCPHD) is doing an excellent job providing environmental health services to the community.

The overall inspection rate for licensed facilities is excellent with all program areas in compliance. The food handler program is in compliance as well, and NCPHD has no contract agents delivering training at this time.

John Zalaznik and Kevin Dworschak are state standardized and have recently completed the recertification process. Satisfactory completion and maintenance of the standardization process complies with the field review portion of the triennial review. Staff exhibited good communication skills with operators and employees of the food service facilities during the standardization recertification.

Overall, staff is doing a good job of documenting priority and priority foundation violations during food facility inspections. Staff should continue to focus on “closing the loop” by clearly and concisely documenting how violations were corrected at the time of the inspection.

## **Compliance Findings Summary**

### **Administration**

The LPHA must assure written performance evaluations are conducted annually or according to county policy. CLHO Minimum Standards

All positions have current written job descriptions, including minimum qualifications. CLHO Minimum Standards

The LPHA must assure there is a process for new employee HIPAA training. 45 CFR part 164.530(b)(2)(B) Add a written policy and procedure for new employee training.

In accordance with Board of Pharmacy rule, the LPHA must assure drug cabinet or room is locked in the absence of the health officer or registered nurse. Only these persons shall have a key. OAR 855-043-0130(1)(a) Since all staff have a key to the pharmacy room, assure the cupboards containing medication are locked at all times with only licensed staff having a key to the cupboards.

The LPHA must assure written policies and procedures exist to guide staff in responding to an emergency. 29 CFR § 1910.38

The LPHA must assure nurse scope of practice is supported by current, signed policies, procedures, and standing orders. (Oregon State Board of Nursing, Nurse Practice Act, Division 45)

- Review standing orders for communicable disease, including sexually transmitted disease.

### **Babies First!**

The LPHA is in compliance with all program requirements.

### **Civil Rights**

The LPHA must assure civil rights compliance responsibilities are met.

- Provide documentation that the Civil Rights Self-Assessment has been reviewed by the LPHA.
- Provide documentation that there is a plan to improve any deficient areas identified by the Civil Rights Self-Assessment.

### **Communicable Disease**

The LPHA is in compliance with all program requirements.

### **Drinking Water**

LPHA is not consistently following up on water system survey significant deficiencies. Deficiency follow up is a critical part of the survey process and must be done uniformly, fairly and consistently.

LPHA shall contact all water systems who have had a survey with significant deficiencies identified over the last 12 months and determine current status of completion. Further, LPHA will ensure all water systems with deficiencies that have not been addresses, adequately address them within established timeframes or place systems on a schedule to complete said corrective actions as per Section 8 and OAR 333-061-0076(6)(b)(7-), Water System Survey Reference Manual, March 2013, and PE 503.b.viii.

While the follow up work may take as much as eight (8) months to fully complete for each water system, LPHA should be at 25% complete by 6/25/2014.

### **Fiscal**

The LPHA is in compliance with all program requirements.

### **Food, Pool and Lodging Health & Safety**

The LPHA must completely fill out inspection reports and obtain the operator or person-in-charge's signature in the Recreational Park Program, and the Environmental Health Specialists must sign and date temporary restaurant inspection forms documenting whether a consultation or inspection was conducted. OAR 333-012-0055(3)(d)(A-D)

The LPHA must provide a light meter for staff to share. OAR 333-012-0055(3)(f)(D)

The LPHA must adopt rules for conducting administrative hearings in accordance with the requirements in ORS 183 for Gilliam County. ORS 183, OAR 333-012-0067(1)

### **Immunizations**

An entity receiving state supplied vaccine shall submit vaccine accounting information required under OAR 333-047-0040 according to the schedule set out in the Vaccine User Accountability Reporting Table (OAR 333-047-0050).

- All data must be submitted within 14 days of vaccine administration.

Initial data entry for the school immunization review cycle must be completed by 23 days after the third Wednesday in February, as specified by OAR 333-050-0110.

- 2013 data was not submitted in time.

### **Perinatal**

The LPHA is in compliance with all program requirements.

### **Reproductive Health**

- There is no medical record evidence that shows that adolescents are receiving counseling regarding parental involvement or how to resist attempts to engage in sexual activities.
- There is no evaluation of contractor performance and documentation that contractors have met the terms, conditions and specifications of that contract.
- The clinic facilities need to be assessed by professionals with the proper skills and knowledge to confirm that the facility meets applicable standards established by Federal, State and local governments (e.g., local fire, building, and licensing codes). Any confirmed safety violations need to be corrected.
- Program management is not consistent with Title X guidance in the area of personnel; as such, personnel policies must be developed and in place.

### **Sexually Transmitted Infections**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention & Education Program**

The LPHA is in compliance with all program requirements.

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **Other**

#### **Fiscal**

North Central Public Health District received Federal Funds for several programs totaling \$486,046 including \$179,201 for the WIC Program for fiscal year 2013. The State General and Other Funds were a source of \$161,750 for that period as well. The review indicated a well-run fiscal operation with satisfactory accounting controls, purchasing procedures and attention to detail. The operation is well organized and efficient with a commitment to quality, fairness, and accuracy.

#### **Health Officer**

Miriam McDonell, MD, is the Health Officer.

#### **Laboratory**

North Central Public Health Department Laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as a moderate complexity laboratory. The laboratory director listed for CLIA is Miriam D McDonnell, M.D. The laboratory CLIA # is 38D0662577 and their certificate is valid through October 15, 2015. The CLIA certificate covers the location at 419 E. 7th Street in The Dalles, Oregon. The laboratory was surveyed by Oregon State Public Health Laboratory staff on October 16, 2013. The following tests are being performed on site: Wet prep, Urine Pregnancy Test, Hgb, UA Dipstick, Occult Blood, HIV & Whole Blood Glucose. There have been no complaints or issues raised to the CLIA program about this laboratory in the past two years.

#### **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

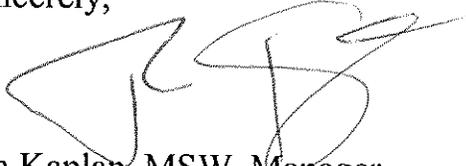
This biennial review was last conducted in September 2012, and the results are included in this report. The next review of the NCPHD WIC program is scheduled for September 2014.

#### **Summary**

Overall, agency reviewers believe North Central Public Health District is composed of a committed team of health care professionals who deliver quality public health services to

the community. We thank you for both your attention to correcting these few compliance findings and for the strong public health work you do for the community.

Sincerely,

A handwritten signature in black ink, appearing to be 'JK', written over a faint, large, light-colored watermark or background graphic.

Jan Kaplan, MSW, Manager  
Community Liaison

cc: David Anderson, NCPHD Board  
William Hamilton, NCPHD Board  
Dave Jones, NCPHD Board  
Steve Kramer, Wasco County Commissioner  
Carri Ramsey-Smith, NCPHD Board  
Fred Schubert, NCPHD Board  
Steve Shaffer, Gilliam County Judge  
Teri Thalhofer, Public Health Director  
Roger Whitley, NCPHD Board