

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0623515	(X3) Date Survey Completed 09/23/2026
Name of Provider or Supplier Portland Clinic, The	Street Address, City, State 800 Sw 13th Ave, Portland, OR	
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
D5291	GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and, when indicated, correct problems identified in the general laboratory systems requirements specified at 493.1231 through 493.1236. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview with the technical supervisor (TS), the laboratory failed to establish and maintain written procedures for quality assessment (QA) monitoring; no established procedure for the ongoing mechanisms to monitor, assess and correct problems identified in the laboratory. Findings include: 1. Upon request, the laboratory was unable to provide a policy outlining quality assessment (QA) monitoring for the laboratory. 2. Interview with the laboratory manager at 1:00 pm on 09/23/2026 confirmed that the laboratory did not have a written policy addressing quality assessment monitoring. 3. The laboratory performs 645,871 tests annually.
D5779	CORRECTIVE ACTIONS CFR(s): 493.1282(a) (a) Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview with the technical supervisor (TS), the laboratory failed to establish and maintain written

procedures for corrective action when required temperature monitoring results were outside established parameters to ensure the accuracy and reliability of patient testing. Findings include: 1. Upon request, the laboratory was unable to provide a policy outlining corrective actions to be taken when temperature monitoring results were outside established parameters. 2. Interview with the laboratory manager at 12:30 pm on 09/23/2026 confirmed that the laboratory did not have a written policy addressing corrective actions for failed temperature monitoring results. 3. The laboratory performs 645,871 tests annually.