

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0690386	(X3) Date Survey Completed 11/02/2021
Name of Provider or Supplier Northwest Renal Clinic	Street Address, City, State 1130 Nw 22nd Ave Ste 640, 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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of bi-annual verification records for microscopic urinalysis and interview with the Technical Consultant (TC), the laboratory failed to ensure providers participated in bi-annual verification twice a year. Findings include: 1. For the year 2020, three (3) out of six (6) providers did not complete bi-annual verification for microscopic urinalysis. 2. For the year 2021, first half (January - June), one (1) out of six (6) providers did not complete bi-annual verification for microscopic urinalysis. 3. An interview with the TC during survey November 2, 2021 at approximately 12:00 pm confirmed these findings.</p>