Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 38D0927861	(X3) Date Survey Completed 04/08/2019
Name of Provider or Supplier Fanno Creek Clinic Llc	**Street Address, City, State** 2400 Sw Vermont St, 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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) 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. This STANDARD is not met as evidenced by: Based upon review of records and interview with the the Technical Supervisor (TS) on 04/08/2019 at approximately 1200, the laboratory failed to ensure the Laboratory Director (LD) and testing personnel (TP) performing Proficiency Testing (PT) attest in writing to the testing of PT samples. 1. The were no signed attestation forms for PT events one (1) through three (3) for 2017. 2. The were no signed attestation forms for PT events one (1) through three (3) for 2018. 3. The LD confirmed he had signed the attestation pages for 2017 and 2018.