Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D0531371	06/24/2025
Name of Provider or Supplier	**Street Address, City, State**	
Community Hospital Association Inc Dba	520 Rose Ln, Wickenburg, AZ	

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 proficiency testing (PT) records from 2025 for Triiodothyronine (T3) testing and interview with the General Supervisor (GS-1), the laboratory failed to follow established policies to document corrective actions taken for unsatisfactory PT scores. Findings include: 1. The laboratory performs testing in the specialty of Chemistry with a reported annual test volume of 345.065. The laboratory is enrolled with College of American Pathologists (CAP) for PT. 2. Review of the 2025 PT records for the first event of 2025 for Triiodothyronine (T3) indicated the laboratory scored 0%. 3. The laboratory's established policy titled, Proficiency Testing (Policy ID 16879106), states, "The attached forms are used to document the evaluation of all unacceptable qualitative and quantitative proficiency test results, including identification of the source of error and corrective actions." The form is titled, "Evaluation of Unacceptable Qualitative Proficiency Testing Results". 4. The laboratory failed to follow the established policy referenced above to document corrective actions taken for the unsatisfactory PT results for T3 for the 1st event of 2025. 5. The GS-1 interviewed on 6/24/25 at 11:10 AM acknowledged that the laboratory failed to follow the established policy indicated above to document corrective actions taken for the unsatisfactory PT results for T3 during the 1st event of 2025.