Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	32D0537331	12/05/2023
Name of Provider or Supplier	**Street Address, City, State**	
De Baca Family Practice Clinic	546 N 10th St, Fort Sumner, NM	

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
D0000	An onsite recertification survey conducted on 12/05/2023, at De Baca Family Practice Clinic found the laboratory to be in compliance with the CLIA regulations found at 42 CFR, Part 493 Laboratory Requirements, with standard deficiencies cited.
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on review of CMS 209 form and staff interview, the laboratory failed to establish and follow a policy for assessing competency of 1 of 1 technical consultants. Findings included: 1. Review of the submitted CMS 209 form lists 1 technical consultant. 2. A request was made for a policy to assess the competency of the technical consultant. None was provided. 3. During an interview on 12/05/2023 at 12: 34pm the technical consultant #1 (as listed on CMS form 209) confirmed the findings.
D5447	CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(i)(g) Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by:

	Based on review of the laboratory's test menu, review of patient test volumes, and staff interview, the laboratory failed to run Erythrocyte Sedimentation Rate (ESR) quality controls each day of patient testing for 11 of 11 months (January 2023 through November 2023). Findings included: 1. A review of the laboratory's test menu revealed ESR testing was performed on the Streck ESR-10 Manual Rack from January 2023 through November 2023. 2. The laboratory was asked to provide documentation of performing quality control for each day of patient testing. No documentation was provided. 3. A review of the laboratory's patient test volume revealed the laboratory performed 33 ESR patient tests in 2023. 4. An interview with technical supervisor number 1 (as listed on Form CMS 209) on 12/05/2023 at 12:20 pm, after review of the above records, confirmed the findings.