Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	32D0537422	04/07/2026
Name of Provider or Supplier	**Street Address, City, State**	
Bca Medical Assoc	813 N Washington, Roswell, 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 April 7, 2026 , at BCA Medical Assoc found the laboratory to be not in compliance with the CLIA regulations found at 42 CFR, Part 493 Laboratory Requirements, with the following condition out. 493.801 Condition: Proficency Testing Enrollment
D2000	ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801 Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994. This CONDITION is not met as evidenced by: Based on review of the laboratory's test menu, Urine Colony Count policy, American Association of Bioanalysts (AAB) Medical Laboratory Evaluation (MLE) proficiency testing records, and interview with testing personnel (TP)1, the laboratory failed to enroll in an HHS (Human Health Services) approved proficiency testing program for the resulting of the presence or absence of bacteria in urine cultures in 2024 and 2025. Findings included: 1. Review of the laboratory's test menu revealed the laboratory listed performing urine cultures. 2. Review of the Urine Colony Count policy revealed the following in-house reporting requirements. - Do NOT report 10 colonies or less - Report number of colonies more than 10 - Full plate (unable to count) report > 100,000 - If three different colony types are seen report as mixed flora 3. Review of the laboratory's AAB-MLE proficiency testing records revealed the laboratory was not enrolled in proficiency testing for resulting the presence or absence of bacteria in

	urine cultures. 4. Interview on 04/07/2026 at 10:00 am with TP 1, confirmed the laboratory does result out the presence or absence of bacteria in positive urine cultures before sending out for identification and susceptibility testing, and is not enrolled in proficiency testing. 5. The laboratory reported performing 4,250 urine cultures annually.
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (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 on review of the laboratory's test menu, American Association of Bioanalysts (AAB) Medical Laboratory Evaluation (MLE) proficiency testing records, and interview with testing personnel (TP)1, the laboratory director failed to sign the attestation for the laboratory's proficiency testing records ensuring proficiency testing samples were integrated using the laboratory's routine methods for 3 of 3 testing events in 2025. Findings included: 1. Review of the laboratory's test menu revealed the laboratory listed the following tests being performed: 3-part CBC (complete blood count), neonatal bilirubin, and strep cultures (discontinued December of 2025). 2. Review of the AAB-MLE proficiency testing records for 2025 revealed the laboratory director or designee did not sign or date the attestation for all 3 events for the following proficiency testing. - Hematology with 3-Part Diff - Neonatal/Direct Bilirubin - Throat culture 3. Interview on 04/07/2026 at 10:00 am with TP 1 confirmed the above findings. 4. The laboratory reported performing 4,540 moderate complexity tests annually.
D5411	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(a) (a) Test systems must be selected by the laboratory. The testing must be performed following the manufacturer's instructions and in a manner that provides test results within the laboratory's stated performance specifications for each test system as determined under 493.1253. This STANDARD is not met as evidenced by: Based on review of Bio-Rad Liquicheck Pediatric Control Levels 1 and 2 Manufacturer's Instructions (LPC MI) and the laboratory's Daily Temperature Log, and interview with Testing Personnel 1 (TP1) the laboratory failed to maintain manufacturer defined storage requirements for Liquicheck Pediatric Control Levels 1 and 2 (LPC) for 8 days in 2025. Findings included: 1. Review of LPC MI indicated a storage temperature requirement of (-70Celcius(C)) - (-20C). 2. Review of the laboratory's Daily Temperature Log revealed out of range temperatures recorded for the following days: 01/16/2025 -9.9C; 04/12/2025 -10.4C; 05/27/2025 -12.2C; 07/12 /2025 -19.2C; 10/20/2025 -19.5C; 10/31/2025 -19.7C, 11/03/2025 -18.1 C; 12/09 /2026 -16.5C 3. During an interview on 04/07/2026 at 10:03 AM with TP1, TP1 Confirmed the above findings. 4. The laboratory reported 40 Bilirubin tests annually.
D5481	CONTROL PROCEDURES

	CFR(s): 493.1256(f)(g) (f) Results of control materials must meet the laboratorys and, as applicable, the manufacturers test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on review of Bio-Rad Liquicheck Pediatric Control Levels 1 and 2 Manufacturer's Instructions (LPC MI) and the laboratory's Neonatal Bilirubin Log, and interview with Testing Personnel 1 (TP1) the laboratory failed to ensure acceptable quality control values were obtained prior to reporting results for 1 of 3 bilirubin tests performed in January 2026. Findings included: 1. Review of LPC MI revealed Liquicheck Pediatric Control Level 1's (QC1) acceptable range to be 6.4-7.1 milligrams per deciliter (mg/dL). 2. Review of the laboratory's Neonatal Bilirubin Log revealed on 01/02/2026 one bilirubin test was performed after obtaining a QC1 value of 7.2 mg/dL. 3. During an interview with TP1 on 04/07/2026 at 11:20, TP1 indicated the bilirubin test performed 01/02/2026 was resulted using the unacceptable QC1 value. This confirmed the above findings. 4. The laboratory reported 40 bilirubin 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 lack of documentation and interview with Testing Personnel 1 (TP1), the laboratory failed to have a corrective actions policy in 2024 and 2025. Findings included: 1. A request was made for a corrective actions policy, none was provided. 2. During an interview on 04/07/2026 at 10:03 AM, TP1 indicated the laboratory does not have a corrective action policy. This confirmed the above finding. 3. The laboratory reported 20000 waived, 6 provider performed microscopy, and 4540 moderate complexity tests annually.
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: Based on review of Bio-Rad Liquicheck Pediatric Control Levels 1 and 2 Manufacturer's Instructions (LPC MI) and the laboratory's Daily Temperature Log, and interview with Testing Personnel 1 (TP1) the laboratory failed to record corrective actions for temperatures outside of manufacturer defined storage requirements for Liquicheck Pediatric Control Levels 1 and 2 (LPC) for 8 days in 2025. Findings included: 1. Review of LPC MI indicated a storage temperature requirement of (-70Celcius(C)) - (-20C). 2. Review of the laboratory's Daily

	Temperature Log revealed out of temperatures outside the manufacturer's specified range with no corrective actions for the following days: 01/16/2025 -9.9C; 04/12/2025 -10.4C; 05/27/2025 -12.2C; 07/12/2025 -19.2C; 10/20/2025 -19.5C; 10/31/2025 -19.7 C, 11/03/2025 -18.1 C; 12/09/2026 -16.5C 3. During an interview with TP1 on 04/07 /2026 at 10:03 AM, TP1 indicated the laboratory does not document corrective actions. This confirmed the above findings. 4. The laboratory reported 40 Bilirubin tests annually.
D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid (CMS) 209 personnel form, competency records, lack of documentation, and interview with testing personnel (TP) 1, the laboratory failed to ensure semiannual competency assessments were completed during the first year of patient testing for 1 of 3 testing personnel in 2025. Findings included: 1. Review of the CMS 209-personnel form listed 3 testing personnel performing moderate complexity testing. 2. Review of competency assessment records revealed no semiannual competency assessment was performed for TP 3 during the first year of the individual testing patient samples. 3. The laboratory was asked to provide documentation of semiannual competency assessment being performed for TP 3. The laboratory was unable to provide requested documentation. 4. Interview on 04/07/2026 at 9:30 am with TP 1 confirmed the above findings. 5. The laboratory reported performing 4,540 moderate complexity tests annually.
D6103	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13) (e)(13) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills; This STANDARD is not met as evidenced by: Based on review of the laboratory's policies, lack of documentation, and interview with testing personnel (TP) 1, the laboratory director failed to ensure the laboratory had policies and procedures established for assessing and maintaining competency for all testing personnel. Findings included: 1. Review of the laboratory's policies revealed no policies related to testing personnel training or competency assessment. 2. The laboratory was asked to provide documentation of a policy related to testing personnel training and competency assessment. The laboratory was unable to provide requested documentation. 3. Interview on 04/07/2026 at 11:00 am with TP 1 confirmed the above findings 4. The laboratory reported performing 20,000 waived, 6 provider-performed microscopy, and 4,540 moderate complexity tests annually