

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0689349	(X3) Date Survey Completed 09/06/2022
Name of Provider or Supplier Bernalillo Health Care Corp	Street Address, City, State 4500 Montbel Pl Ne, Albuquerque, 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	The following standard deficiencies were cited as the results of a recertification survey on 09/06/2022. This facility was found NOT to be in compliance with the CLIA regulations found at 42 CFR for the specialties/subspecialties in which it was surveyed.
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on the review of patient test records/reports for the i-STAT test system, review of laboratory i-STAT policy/procedure, and interviews with Point of Care (POC) staff, the laboratory failed to ensure their patient test reports included all required information for 2 of 2 patients tested on 07/02/2022 and on 01/16/2022. Findings included: 1. Review of two patient test reports (Sample ID# 202201059511 for Chem 8+, analyzed on 07/02/22 and Sample ID# 202201004891 for CG4+, analyzed on 01/16/22) revealed the following: A. The laboratory patient reports failed to positively identify the patients with a name and an identification number, or a unique patient identifier and identification number. B. The laboratory patient reports failed to identify name, and address, or the specific location where the testing was performed. The laboratory patient reports had the name of the laboratory as "TriCore Reference Lab" printed on top of the reports and the address of the testing laboratory was not on</p>

the report. 2. Review of the Laboratory policy titled "PHS Albuquerque Ambulance i-STAT Procedure", Reference number-POCT-SOP-0086, Section labeled "Documentation", page 9, stated the following; "2. In the Zoll Charting Program a. Select Source i. Arterial ii. Capillary iii. Venous" The laboratory failed to follow the written policy to ensure the source was included on their patient reports. The two patient reports failed to identify the source of the specimen needed by the laboratory to accurately perform testing and report results. 3. During an interview on 09/06/22 at 09:00 am with POC Staff members, it was confirmed that the i-STAT testing for Chem 8+ and CG4+ is performed only on 2 of 82 CCT (Critical Care Transport) ambulances and not at TriCore Reference Lab.