Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	32D0714232	08/14/2026
Name of Provider or Supplier	**Street Address, City, State**	
Guadalupe County Hospital	117 Camino De Vida, Santa Rosa, 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	A proficiency testing desk review completed on August 14, 2026 for Guadalupe County Hospital found the laboratory to be not in compliance with the CLIA regulations found at 42 CFR, Part 493 Laboratory Requirements, with the following conditions cited. 42 C.F.R. 493.803 Condition: Unsuccessful Participation in Proficiency Testing 42 C.F.R. 493.1441 Condition: High Complexity Laboratory Director
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 and College of American Pathologist

	(CAP) proficiency testing records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of two consecutive testing events in 2026 in the specialty of Routine Chemistry for the analyte Cholesterol HDL (high density lipoprotein). Refer to D2096
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) (f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 and College of American Pathologist (CAP) proficiency testing records, the laboratory failed to achieve satisfactory performance (80% or greater) for the same analyte in two of two consecutive testing events in 2026 in the specialty of Routine Chemistry for the analyte Cholesterol HDL (high density lipoprotein). The findings included: 1. A desk review of the CASPER 0155 report revealed the following results: CAP 2026 - 1st Event The laboratory received an unsatisfactory score of 20% for Cholesterol HDL. CAP 2026 - 2nd Event The laboratory received an unsatisfactory score of 40% for Cholesterol HDL. 2. A desk review of the CAP proficiency testing records confirmed that the laboratory received unsatisfactory scores for Cholesterol HDL for the 1st and 2nd events for 2026.
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 and College of American Pathologist (CAP) proficiency testing records, the laboratory director failed to provide overall management and direction of the laboratory services. Refer to D6089.
D6089	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under subpart H of this part; This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 and College of American Pathologist

	(CAP) proficiency testing records, the laboratory director failed to ensure successful participation in an HHS (Human Health Services) approved proficiency testing program. Refer to D2096.