

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0928454	(X3) Date Survey Completed 03/10/2021
Name of Provider or Supplier Las Estancias Branch Laboratory Tricore Laboratory	Street Address, City, State 3630 Las Estancias Dr Sw, 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 deficiencies were cited as the result of a recertification survey on 03/10/2021 for 42 CFR part 493 Laboratory Requirements.
D6066	<p>TESTING PERSONNEL QUALIFICATIONS CFR(s): 493.1423(b)(4)(ii)</p> <p>Have documentation of training appropriate for the testing performed prior to analyzing patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on the review of personnel records, CMS (Centers for Medicare & Medicaid Services) Personnel Report Form 209, and email, there was no documentation of training for 1 Testing Person (TP#4) of 4 (TP#1-TP#4) Testing Personnel. Finding are: A. Review of CMS Report Form 209, signed by the Laboratory Director on 03/09/2021, indicated TP#4 was a current testing person at this laboratory [Lab C]. B. Review of personnel records revealed no documentation of training at this laboratory location. C. Review of an email dated 03/15/2021 from the Technical Consultant indicated TP#4 transferred to the current laboratory on 08/30/2020 from Lab A.</p>
D9999	Laboratory Identifiers Atrisco Lab A Paradise Lab B Las Estancias Lab C Northside Lab D Santa Fe Lab E