

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 32D0946415	<b>(X3) Date Survey Completed</b> 02/16/2023
<b>Name of Provider or Supplier</b> Four Corners Ambulatory Surgery Center, Llc	<b>Street Address, City, State</b> 2300 East 30th Street, Building A, Farmington, NM	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Based upon the recertification survey conducted on 02/16/2023, the laboratory was found to be IN substantial compliance with the CLIA regulations found at 42 CFR for the specialties/subspecialties in which it was surveyed with the standard level deficiency cited.
<b>D5473</b>	<p><b>CONTROL PROCEDURES</b> CFR(s): 493.1256(e)(2)(g)</p> <p>(e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policy, laboratory records, and confirmed in staff interview, the laboratory failed to define intended reactivity to ensure predictable stain characteristics for Hematoxylin and Eosin stain for 70 of 70 days (04/2021 - 02/2023). Findings included: 1. Review of laboratory policy titled "CLIA: Cryostat Frozen Section Protocol" (Revision date 02/23/2021) stated "QUALITY CONTROL ... The quality of the stain will be documented each day of use." 2. Review of the laboratory daily quality control form revealed a checkmark under the column titled "Stain Quality Adequate for all procedures performed this day." The laboratory failed to define intended reactivity that qualified as adequate stain characteristics. 3. Review of the laboratory's reported test volumes revealed 80 Histopathology tests performed annually. 4. In an interview conducted on 02/16/2023 at 9:05 am, after review of the above records, the Clinical Director confirmed the findings.</p>