

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0984477	(X3) Date Survey Completed 01/31/2023
Name of Provider or Supplier Roosevelt Co Hospital District	Street Address, City, State 42121 Us Hwy 70, Portales, 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
D5793	<p>ANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1289(b)(c)</p> <p>(b) The analytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of analytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all analytic systems assessment activities.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>