

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0984477	(X3) Date Survey Completed 08/06/2025
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's testing menu, lack of documentation, and interview with the Technical Supervisor (TS), the laboratory failed to perform twice annual evaluation of accuracy of non-regulated test analyte Carboxyhemoglobin (COHb) during 2024 and 2025. Findings include: 1. Review of the laboratory's test menu revealed the laboratory performs COHb testing. 2. A request was made for documentation of twice annual evaluation of accuracy of COHb testing for 2024 and 2025, none was provided. 3. During interview with the TS on 08/05/2025 at 1025 am, the TS indicated the laboratory has not performed twice annual evaluation of accuracy of analyte COHb. This confirms the above findings. 4. The laboratory reported 8 COHb tests in 2024, and 2 COHb tests in 2025.</p>