

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D2011233	(X3) Date Survey Completed 08/17/2023
Name of Provider or Supplier Aztec Urgent Care	Street Address, City, State 604 S Rio Grande Ave, Aztec, 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	Based on a proficiency testing desk review survey performed on August 17, 2023, the laboratory was found to be out of compliance based on the following CONDITION level deficiencies: D2016 - 42 C.F.R. 493.803 Successful participation D6000 - 42 C.F.R. 493.1403 Laboratory Director, moderate complexity
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>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 0155 Individual Laboratory Profile and American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency test records from 2022 and 2023, the laboratory failed to successfully</p>

	<p>participate in a proficiency testing program approved by HHS, for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. The laboratory did not successfully participate in the specialty of Hematology for White Blood Cell (WBC) analyte. Refer to D2130.</p>
<p>D2130</p>	<p>HEMATOLOGY CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>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 0155 Individual Laboratory Profile and American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency test records from 2022 M3 (Event 3) through 2023 M2 (Event 2), the laboratory failed to achieve satisfactory scores (80%) for 3 of 3 consecutive proficiency testing events for White Blood Cell (WBC), which constitutes a noninitial unsuccessful test performance. Findings included: 1. Review of the CASPER Report 0155 Individual Laboratory Profile from 2022 and 2023 revealed the following results: 2022 3rd event - WBC (40%) 2023 1st event - WBC (60%) 2023 2nd event - WBC (60%) The laboratory failed to attain an acceptable score of 80% for 3 of 3 consecutive testing events for WBC. 2. A review of AAB-MLE 2022 and 2023 proficiency testing records confirmed the laboratory received the above results.</p>
<p>D6000</p>	<p>MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing results, the laboratory director failed to ensure the overall management and direction of the laboratory services. Refer to D6016.</p>
<p>D6016</p>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;</p> <p>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 0155 Individual Laboratory Profile and</p>

American Association of Bioanalysts - Medical Laboratory Evaluation (AAB-MLE) proficiency test results, the laboratory director failed to ensure successful participation in an HHS approved proficiency testing program. Refer to D2130.