Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	32D2232889	06/11/2025
Name of Provider or Supplier	**Street Address, City, State**	
Santa Fe County Adult Detention Facility	28 Camino Justicia, Santa Fe, 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 June 11, 2025, the laboratory was found to be out of compliance based on the following CONDITION LEVEL DEFICIENCIES: D2016 - 42 C.F.R. 493.803 Condition: Successful participation D6000 - 42 C.F.R. 493.1403 Condition: Laboratory Director, moderate complexity
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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. 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 155 Individual Laboratory Profile, and CAP (College of American Pathologists) - Medical Laboratory Evaluation proficiency

	testing records for 2025 the laboratory failed to achieve satisfactory performance (80% or greater) for the hematology analyte red blood cells (RBC) for two out of three consecutive events resulting in unsuccessful performance. Refer to D2131
D2131	HEMATOLOGY CFR(s): 493.851(g) (g) Failure to achieve an overall testing event score of satisfactory performance for two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a proficiency testing (PT) desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile, and CAP (College of American Pathologists) - Medical Laboratory Evaluation proficiency testing records for 2025 the laboratory failed to achieve satisfactory performance (80% or greater) for the hematology analyte Red Blood Cells (RBC) for two out of three consecutive events resulting in unsuccessful performance. The findings included: 1. A PT desk review of the CASPER report 155 lists a score of "60%" for the analyte RBC for events 1 and 2 in 2025. 2. A proficiency testing desk review of the CAP- Medical Laboratory Evaluation proficiency testing records for 2025 confirmed that the laboratory received unsatisfactory scores for RBC for the 1st and 2nd events for 2025. 3. Laboratory reported performing 300 red blood cell tests annually.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 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. This CONDITION is not met as evidenced by: Based on a proficiency testing (PT) desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and CAP (College of American Pathologists) - Medical Laboratory Evaluation proficiency testing records, the laboratory director failed to ensure successful PT participation for the hematology analyte red blood cells (RBC) in 2025. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on a proficiency testing (PT) desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) Report 155 Individual Laboratory Profile and CAP (College of American Pathologists) - Medical Laboratory Evaluation

	proficiency testing records, the laboratory director failed to ensure successful participation for the hematology analyte red blood cells (RBC) in 2025. The findings included: 1. A PT Desk review of the CASPER report 155 lists a score of "60%" for the analyte RBC for event 1 and 2 in 2025. 2. A proficiency testing desk review of the CAP- Medical Laboratory Evaluation proficiency testing records for 2025 confirmed that the laboratory received unsatisfactory scores for RBC for the 1st and 2nd events for 2025. 3. Laboratory reported performing 300 red blood cell tests annually.