STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32D0058054	A. BUILDING _____ B. WING _____	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY MOUNTAINS PLANNED PARENTHOOD INC	701 SAN MATEO BLVD ALBUQUERQUE, NM 87108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
D2009	493.801(b)(1) TESTING OF PROFICIENCY TESTING SAMPLES The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on the lack of documentation and review of 2014-2015 proficiency test records, the laboratory failed to maintain copies of the attestation sheets submitted to the proficiency agency for Rh testing. Findings are: For 2 of 2 test events in 2015, the Albuquerque laboratory failed to maintain copies of the attestation sheets signed by the laboratory director and the testing personnel. The laboratory's Director of Clinical Quality and Risk Management was unable to locate the records during the survey.	D2009	D2009: Signed copies of Rh Testing Attestation sheets are attached. These copies have been provided to the Health Center Manager and have been filed on site. These are for the 2 test events in 2015. Future signed attestation sheets will be filed in a shared electronic folder for all laboratories to readily access. An additional CLIA internal audit will be performed by the Director of Clinical Quality at this site in December, 2015, to ensure compliance with printing and storing the signed Rh Testing Attestation sheets. The Laboratory Director will review and sign for the completion of this audit.	9.30.15 12.30.15
D2015	493.801(b)(5)(6) TESTING OF PROFICIENCY TESTING SAMPLES (5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the	D2015	D2015: Copies of the online submission for the 2 Rh testing events in 2015 are attached. These copies have been provided to the Health Center Manager and have been filed on site. Future copies of the online submission for Rh testing events will be filed in a shared electronic folder for all laboratories to readily access. Furthermore, all Health Center Managers and Testing Consultants peforming Rh testing submission online will be retrained how to propelly document test submission to comply with CLIA regulations by October 31, 2015. An additional CLIA internal audit will be performed by the Director of Clinical Quality at this site in December, 2015, to ensure compliance with printing and storing the Rh testing event submission.	10.31.15 12.30.15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE VP | CMO (X6) DATE 9-30-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.