STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32D0534781	A. BUILDING _____ B. WING _____	10/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURTIS BOYD MD PC	522 LOMAS BLVD NE ALBUQUERQUE, NM 87102

(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
D 000	INITIAL COMMENTS The following deficiency was cited as the result of a recertification survey on 10/22/19 for 42 CFR part 493 Laboratory Requirements.	D 000		
D6031	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(13) 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)(13) Ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process; This STANDARD is not met as evidenced by: Based on the review of the laboratory policy/procedure manual and the CMS 116 (Application for Certification) dated 02/18/16, the laboratory director failed to review and approve 9 of 10 laboratory policies or procedures since becoming the laboratory director. Findings are: A. Review of the laboratory procedure manual revealed the laboratory director failed to review and approve 9 of 10 policies/procedures: Staff Quality Assurance Reviews Lab Personnel Responsibilities Technical Consultant Responsibilities Clinical Consultant Responsibilities Lab Quality Assurance:Director/Supervisor	D6031		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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D6031	Continued From page 1 Quality Control Measures External Controls: Rh Testing Quality Assurance Protocols Laboratory Testing B. All 10 of the policies/procedures were signed annually by the Laboratory Supervisor; 09/06/16, 10/03/17, 11/06/18, and 10/01/19. C. Review of the CMS Form 116 submitted following the certification survey on 02/18/16 documented the appointment of the current laboratory director. D. These findings were confirmed by the Laboratory Supervisor on 10/22/19 at 10:45 am.	D6031		