

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

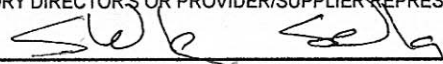
PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32D0534781	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2019
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NAME OF PROVIDER OR SUPPLIER CURTIS BOYD MD PC	STREET ADDRESS, CITY, STATE, ZIP CODE 522 LOMAS BLVD NE ALBUQUERQUE, NM 87102
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(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
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D 000	INITIAL COMMENTS	D 000	The laboratory policy in question was reviewed and signed by the lab director on 10/25/19.	
D6031	<p>The following deficiency was cited as the result of a recertification survey on 10/22/19 for 42 CFR part 493 Laboratory Requirements.</p> <p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(13)</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.</p> <p>(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.</p> <p>Findings are:</p> <p>A. Review of the laboratory procedure manual revealed the laboratory director failed to review and approve 9 of 10 policies/procedures:</p> <p>Staff Quality Assurance Reviews Lab Personnel Responsibilities Technical Consultant Responsibilities Clinical Consultant Responsibilities Lab Quality Assurance: Director/Supervisor</p>	D6031	<p>In the event a new policy is generated, or an existing one is ammended, the policy will be immediately reviewed by the lab director and signed. The lab supervisor will then ensure it has been signed before placing the signed copy in the CLIA manual.</p> <p>A review of policies and their signatures will be included in the annual QA review in December.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>m.B.</i>	(X6) DATE 10/28/2019
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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.