PRINTED: 01/19/2010 FORM APPROVED

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	OMB NO. 0938- (X3) DATE SURVEY COMPLETED	
			A. BUILD B. WING		
AME OF PR	ROVIDER OR SUPPLIER	32D0534781	B. WING		12/15/2009
	OYD MD PC		s	STREET ADDRESS, CITY, STATE, ZIP COI 522 Lomas blvd ne	DE
040.15				ALBUQUERQUE, NM 87102	
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	must successfully patesting program approas described in subp specialty, subspecial which the laboratory Except as specified in section, if a laborator successfully in proficion specialty, subspecialty in this section, or fails when an individual factor of this part. If a laboratory fails to CMS-approved proficity in the initial unsuccessful composes sanction the initial unsuccessful direct the laboratory to be considered the initial unsuccessful proficient and safety. 2) There is immediate and safety. 2) The laboratory fails agent with satisfactory steps to correct the proficient and safety. 3) The laboratory has	orming nonwaived testing inticipate in a proficiency roved by CMS, if applicable, art I of this part for each ty, and analyte or test in is certified under CLIA. In paragraph (c) of this y fails to participate ency testing for a given ty, analyte or test, as defined to take remedial action ils gynecologic cytology, ons, as specified in subpart perform successfully in a iency testing program, for all performance, CMS may be undertake training of its a technical assistance, or osing alternative or principle in one or more of the exists: It is provide CMS or a CMS or evidence that it has taken oblem identified by the cry testing performance. In a poor compliance history.	approved a provide a provi	Since our lab f cessfully participate testing for Urine head technical assistance i testing we were unal accuracy of the patand are therefore ou In our lab, this is used to determine patient might be in a has always been used with a more sunsative (test, a patients Last Men and an ultrasound. It determine if a patient learning or is at risk fi pregnancy. O Patient Safety: It h used in a given situation Therefore it has not imposs jeopardy to the patients Safety. O In order to correct an proteincy testing I have Wampole/Iverness and Ame Institute to determine our correction regarding the un	in proficiency and to obtain n proficiency one to ensure ient test results t of Compliance. particular test how early a pregnancy. It in conjunction (quickview) hCG instrual Period has helped to health and
	Surveyor: 13439 Based on the review o	ot met as evidenced by: f 2008-2009 proficiency urers's instructions and		testing performance. (3) I plan to take every menomines sure our lab is in good out of the period o	nsure needed to

Any deficiency statement ending with an asterisk of 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

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES <u>OMB NO 0938-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER. AND PLAN OF CORRECTION A BUILDING B. WING 32D0534781 12/15/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER: OR SUPPLIER **622 LOMAS BLVD NE** CURTIS BOYD NID PC ALBUQUERQUE, NM 87102 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D COMPLETION FACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D2016 (For detailed Pac please see page 5 of 16 under D2107.) D2016 Continued From page 1 interview with the technical consultant, the laboratory failed to successfully participate in proficiency testing for the analyte urine hCG. Findings are: 1. The laboratory failed to successfully participate in proficiency testing for hCG. See D2107 2. The laboratory failed to obtain technical assistance or training for proficiency testing failures See D2105 Since the laboratory failed to successfully participate in proficiency testing, the laboratory could not ensure the accuracy of the patient test results. D2105 Since our failure to comply I have D2105 493.84B(e) ENDOCRINOLOGY Spoken to Technical Support and a medical For any unsatisfactory analyte or test technologist at both wampole livernus performance or testing event for reasons other and American profesionery Institute. There than a failure to participate, the laboratory must is not an indication that the test itself undertake appropriate training and employ the technical assistance necessary to correct is the problem and both identify that problems associated with a proficiency testing this fest is the "ideal" product for our use failure. For any unacceptable analyte or testing in our faculthy. The problem across in the event score, remedial action must be taken and documented, and the documentation must be Api professional tuting. The Kit down not maintained by the laboratory for two years from pick up hCG lower than 2000 minful and the date of participation in the proficiency testing the orthering used by API mekes it difficult event to test consistently correct. This has been a challenge to achieve 100% accurrang, and in turn threatens our compliance with dea This STANDARD is not met as evidenced by Surveyor: 13439 Based on the review of 2008-2009 proficiency API suggests we change our test Kit to a lower sensativity and/or to one test records, manufacturers's instructions and

interview with the technical consultant, the

_	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		3200634781	B. WNG		12/15/2009	
	OVIDER OR SUPPLIER		6	EET ADDRESS, CITY, STATE, ZIP CODE 22 LOMAS BLVO NE ALBUQUERQUE, NM 87102		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
D2105	laboratory failed to of assistance for proficianalyte urine hCG. Findings are: The laboratory received 1st 2 events of 2009 stated at 8:30 am on know why the laboratinat the test kit she used was very effective as kit the laboratory used were questionable. The laboratory was expressed in the laboratory was expressed in the comparative evaluations at a minimum detect wampolit kit at 2000 laboratories within the grade the other laboratories within the grade the laboratory agency's results disagreed with results. See D2107 Since the laboratory assistance or training participation in profic could not ensure the testing.	brain training or technical ency testing failures for the The technical consultant 12/15/09 that she did not tory failed. She also stated sed, Wampole Slide hCG, a backup to the waived hCG when the waived kit results arrolled in the American proficiency agency's ions revealed that the agency stion limit for hCG using the mU/mL but used referee to laboratory's peer group to ratories' responses. Desproficiency results the secured ory was able to detect hCG at at levels below the set limit and the laboratory's higher the reference laboratory's failed to obtain technical of for unsuccessful itercy testing, the laboratory accuracy of the patient	D2105	that has controls. Wampo has a Kit that would fit (without controls) that is call "Beta ticq Slide Kit" which more sensative test - masure as 500 mlufad. Because we a quickpane with internal convoluted defeat the purpose of sensative hCG Slide in our fit hay questionable results of is backed by a Sensative qui See 02107. (For detailed Poc please so 5.00 f 16 cender 02107).	this Suggestion and a is a much up as low ulready use almost this the less neiliby. This test expanse.	
D2107	493.843(f) ENDOCR	INOLOGY	D2107			

NAME OF PROVIDER OR SUPPLIER CURTIS BOYD MD PC SUMMARY STATEMENT OF DEFICIENCES EACH ON PROVIDER'S PLAN OF CORRECTION EACH OF DEFICIENCES EACH OF STATE JP CODE ST22 LOMAS BLVD NE ALBUQUERQUE, NM 87102 D2107 Continued From page 3 Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events or two out of three consecutive testing events or two out of three consecutive testing events or two aut of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Surveyor: 13439 Based on the review of 2008-2009 proficiency test records, manufacturers's instructions and interview with the technical consultant, the laboratory railed to successfully participate in proficiency testing for the analyte urine hCG. Findings are: 1. The laboratory received a score of 60% for the 1st 2 events of 2009. The technical consultant stated at 8.30 am on 12/15/09 that she did not know why the laboratory failed. She also stated that the test kit she used, Wampole Silde hCG was very effective as a backup to the waived hCG kit the laboratory was enrolled in the American Proficiency institute's proficiency program for hCG. Review of the proficiency performance and the proficiency performance. a. Method Sensitivities (according to the proficiency agency)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER CURTIS BOYD MD PC Majo	HIND PLAN UP	CONCECTION	.5	- 				
SZI LOMAS BLYO NE SUMMARY STATEMENT OF DEFICIENCES PROTECT PR			32D0534781	B. WIN	G		12/15	5/2009
D2107 Continued From page 3 Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Surveyor: 13439 Based on the review of 2008-2009 proficiency test records, manufacturers's instructions and interview with the technical consultant, the laboratory failed to successfully participate in proficiency testing for the analyte urine hCG. Findings are: 1. The laboratory received a score of 60% for the 1st 2 events of 2009. The technical consultant stated at 8.30 am on 1215/09 that she did not know why the laboratory lailed. She also stated that the test kit she used, Wampole Silde hCG was very effective as a backup to the waived kit results were questionable. 2. The laboratory was enrolled in the American Proficiency Institute's proficiency program for hCG. Review of the proficiency agency's comparative evaluations revealed that the agency set a minimum detection limit for hCG using the Wampole kit at 2000 mU/mi. but used referee laboratories within the laboratory's peer group to grade the other laboratory's laccording to the proficiency agency's comparative evaluations revealed that the agency set a minimum detection limit for hCG using the Wampole kit at 2000 mU/mi. but used referee laboratories within the laboratory's peer group to grade the other laboratory's peer group to grade the other laboratories.				•	522 L	OMAS BLVD NE		
Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing events or two out of three consecutive testing events or two out of three consecutive testing events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Surveyor: 13439 Based on the review of 2008-2009 proficiency test records, manufacturers's instructions and interview with the technical consultant, the laboratory failed to successfully participate in proficiency testing for the analyte urine hCG. Findings are: 1. The laboratory received a score of 60% for the 1st 2 events of 2009. The technical consultant stated at 8.30 am on 12/15/09 that she did not know why the laboratory failed. She also stated that the test kit she used. Wampole Slide hCG was very effective as a backup to the waived hCG kit the laboratory used when the waived hCG kit the laboratory used when the waived kit results were questionable. 2. The laboratory was enrolled in the American Proficiency participating in the April hCf4 Slide preficiency program for hCG. Review of the proficiency agency's comparative evaluations revealed that the agency set a minimum detection limit for hCG using the Wampole kit at 2000 mU/mt, but used referee laboratories within the laboratories. a. Method Sensitivities (according to the proficiency agency)	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETION
b. The manufacturer's website and package insert stated that the overall accuracy of the kit	D2107	the same analyte or testing events or two testing events is unsupported by the same analyte or testing events is unsupported by the same analyte or testing events is unsupported by the same analyte or testing events in the review test records, manufatinterview with the tellaboratory failed to sproficiency testing if findings are: 1. The laboratory restand at 8:30 among that the test kit she was very effective a kit the laboratory us were questionable. 2. The laboratory we proficiency Institute hCG. Review of the comparative evaluates a minimum determination with the same and the other laboratories within the grade the other laboratories within the same and the other laboratories (Wampole by The manufacture). The manufacture the same analyte or testing events in the same analyte or testing events in the same analyte of the same analyte or testing events.	atisfactory performance for test in two consecutive out of three consecutive outcessful performance. Inot met as evidenced by: If of 2008-2009 proficiency acturers's instructions and chnical consultant, the successfully participate in for the analyte urine hCG. Received a score of 60% for the consultant on 12/15/09 that she did not actory failed. She also stated used, Wampole Slide hCG is a backup to the waived hCG is a backup to the waived hCG is a backup to the waived kit results as enrolled in the American is proficiency program for the proficiency agency's actions revealed that the agency ection limit for hCG using the 0 mU/mL but used referee the laboratory's peer group to oratories. The technical consultant in 12/15/09 that she did not actory failed. She also stated used, wampole Slide hCG is a backup to the waived kit results as enrolled in the American is proficiency program for the proficiency agency's actions revealed that the agency ection limit for hCG using the 0 mU/mL but used referee the laboratory's peer group to oratories. The technical consultant in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She also stated used in 12/15/09 that she did not actory failed. She al	NO.	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	participate in proficient for Urine hCG we have able to ensure the accepation test results. Our plan of Correction nuch debate. This test seen used in conjunction ensative hCG test kit, LM ound. Rather than contisk failure of Succession the API hCG Slide provide not being able to shouth consistency — as of with consist	c not bun curacy of has included has always with more who, and ultra attinuing to hilly participal efficiency testion accuracy 1/25/10 we est in our spose. Inshed we will send itative help L at our attached	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/19/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES	MILDICAID SERVICES		FORM APPROVE
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	OMB NO. 0938-039
		A. BUILDING	COMPLETED
NAME OF PROVIDER ON SUPPLIER	32D0534781	B. WING	
GURTIS BOYD MD (PC		STREET ADDRESS, CITY, STATE, ZIP CODE 622 LOMAS BLVD NE	12/15/2009
(X4) ID SUMMARY ST. PREFIX (EACH DEFICIENCE	TEMENT OF DEFICIENCIES	ALBUQUERQUE, NM 87102 ID PROVIDER'S PLAN OF CORRECTION	ON

IAG KI:G	RATORY OR LISC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OFFICIENCY)	COMPLETIO DATE
was 97%. (2000 mill. 3. A revier revealed to because the using the North proficiency results distresults. a. Event 2. These sample UC Sa	of 2008-2009 proficiency results at proficiency failures occurred e laboratory was able to detect hCG Vampole kit at levels below the agency's set limit and the laboratory's agreed with the reference laboratories 2009-1= 60% ples were targeted to contain the mounts of HCG: G-01: <2 mU/mL G-03: 2858 mIU/mL-failed by the G-04: <2 mIU/mL G-05: 1507 mIU/mL-failed by the ratories reported a positive hCG for G-03 when the referee laboratories were negative, ratories reported a positive hCG for G-05 when the referee laboratories were negative.	f a	Plan of Correction D2016; D2105 and D2107: In the event of a failed fest with American Proficiency Institute our plan of correction will include: ① Assess it patients were directly affected in this instance ② Check to see if the QC was performed fir the day and document of Assess for clerical errors in paperwork, transcriptions of results and that the results were read and nurprotected correctly. ④ Assess for any signs of improprently of reagents or any lab deviations have been reported. ⑤ Call API for information and juidance regarding overall results of peer group responses. ⑥ Initiate and document community Staff if necessary.	e co

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		32D0534781	8. WING		12/15/2009
	OVIDER OR SUPPLIER		522 L	FADDRESS, CITY, STATE, ZIP CODE LOMAS BLVD NE UQUERQUE, NM 87102	
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D2107	responses were nec. Event 2009-3= These samples were following amounts Sample UCG-11: 1 Sample UCG-12: 2 laboratory Sample UCG-13: 5 Sample UCG-14: 4 Sample UCG-15: 5 1 of 49 laboratories Sample UCG-12 wresponses were necessamples were necessamples were following amounts Sample UCG-01: 5 Sample UCG-02: 2 Sample UCG-03: 5 Sample UCG-04: laboratory Sample UCG-04: vresponses were necessamples were necessamples were necessamples were necessamples were necessamples uCG-04: sample UCG-05: 4 of 56 laboratories samples uCG-04: Sample UCG-06: Sample UCG-07: Sample UCG-08: Sample UCG-09: laboratory Sample UCG-09: laboratories sample UCG-09: laboratories sample UCG-10: 1 of 57 laboratories	hen the referee laboratories regative. 80% re targeted to contain the of HCG: .507 mIU/mL .858 mIU/mL-failed by the .640 mIU/mL .650 mIU/mL .650 mIU/mL .650 mIU/mL .651 mIU/mL .652 mIU/mL .653 mIU/mL .655 mIU/mL	D2107		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		32D0534781	B, WIN	G		12/1	5/2009
	OVIDER OR SUPPLIER			52	EET ADDRESS, CITY, STATE, ZIP CODE 22 LOMAS BLVD NE LBUQUERQUE, NM 87102		
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D5449	following amounts of Sample UCG-11: 33 Sample UCG-12: 25 Sample UCG-13: <2 Sample UCG-13: <2 Sample UCG-15: <2 4 out of 54 laborator for Sample UCG-14 was negative. Since the laboratory participate in proficion could not ensure the results. 493.1256(d)(3)(ii)(g) Unless CMS approving Appendix C of the Sepub. 7), that provide least once each day assayed or examine each qualitative profice and positive control. The laboratory mus procedures perform. This STANDARD is Surveyor: 13439 Based on the review quality control reconstruction.	e targeted to contain the f HCG: mHU/mL 556 mIU/mL mIU/mL mIU/mL mies reported a positive result when the acceptable answer failed to successfully ency testing, the laboratory e accuracy of the patient test CONTROL PROCEDURES was a procedure, specified in state Operations Manual (CMS as equivalent quality testing, at expectation procedure, include a negative material. t document all control				e attached his Should Any discre)
l		of Rh patient testing. 168 on the days the laboratory ntrol materials.	!				

CENTERS FOR MEDICARE & MEDICAID SERVICES		(X2) MI	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUI IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(OAIDELEBOL FEITHER)			COMPLETED)
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		TO PERIODENCIES	ID	L_^:	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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D5449	Continued From pa	age 7	DS	449			
	Findings are:			ļ			. المال
	There was no documentation that the laboratory had performed quality control materials on the following days: February 2008 Quality control was documented last on 2/13/08. 2/14/08 Patients 1-12 were tested. 2/15/08 Patients 13-25 were tested. 2/16/08 Patients 26-37 were tested.				As of 1/25/10 Patient have been reviewed to dete there was any negative out not performing the controls	charts rmine if I trome of on the	1/25/10
			!		Same day. It does not a was any negative outcom	ppear three	
	11/5/08 Patient 3 Quality control wa	s documented last on 11/1/08. 8 was tested. s documented last on 11/15/08. 39-49 were tested.			Enclosed are copies of a cover sheet of charts, tested the time periods missing app documentation.	Lduring	
	1/29/09 Patients 1/30/09 Patients 1/31/09 Patients	s documented last on 1/24/09. 50-57 were tested. 58-77 were tested. 78-94 were tested.			January 30, 2009 patient one patient entered/logged to Counted as two (please see count on enclosed lab shee January 31, 2009 patient	+.) #78-93	
	2/11/09 Patients Quality control wa	as documented last on 2/7/09. 95-101 were tested. as documented last on 2/21/09. 102-115 were tested.			again, one patient entered and counted as two. pleas the Count on enclosed lab	lingged twic	
	3/4/09 Patients 1 Quality control was 3/11/09 Patients Quality control was 3/11/09 Patients	as documented last on 2/28/09. 16-117 were tested. as documented last on 3/7/09. s 118-131 were tested. as documented last on 3/14/09. s 132-139 were tested.					

TATEMENT 0	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUII	DING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OVIDER OR SUPPLIER	32D0534781	B. WIN	STREE	ET ADDRESS, CITY, STATE, ZIP CODE LOMAS BLVD NE BUQUERQUE, NM 87102	12/15/2009	
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D5449	Quality control was 4/1/09 Patient 140 Quality control was 4/1/09 Patient 141 Quality control was 4/22/09 Patients 141 Quality control was 4/29/09 Patients 141 May 2009 Quality control was 5/5/09 Patients 141 Quality control was 10/1/09 Patients 151 Quality control was 10/1/09 Patients 10/1/09 Pa	documented last on 3/28/09. I was tested. documented last on 4/4/09. I was tested. documented last on 4/15/09. 12-144 were tested. documented last on 4/25/09. 15-153 were tested. documented last on 5/3/09. 54-162 were tested. documented last on 10/2/09. 63-165 were tested. documented last on 10/16/09. nts 166-168 were tested. y failed to perform quality ach day of patient testing the of ensure the accuracy of the ensure the accuracy of the ensure the accuracy of the enterties of §493.1405 of rovides overall management cordance with §493.1407 of is not met as evidenced by: ew of 2008-2009 proficiency ufacturer instructions, 2009 Rh control logs and interview with sultant, the laboratory director verall management and		5449	Effective immediately that patient test result and that quality assure appropriately the current Memecarthy, casp will have owner medical director co-proficiency testing results that of our quality assurant twicous and with over-all of the lab. This will ensure and the director responsibiliand maintained.	lab director lab director ve Dr. Bondi usign on any hat are unsuccoshed be policies and i management sure that the plan is followed	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 522 LOMAS BLVD NE ALBUQUERQUE, NM 87102					
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D6000	quality assurance laboratory. See D 2. The laboratory corrective action pressing failures. S Since the laboratory overall management laboratory, the laboratory the laboratory directory directory proficiency te unacceptable or unacceptab	director failed to establish a policy to identify failures in the 6022 director failed to ensure that a lan was followed for proficiency see D6019 ry director failed to provide ent and direction of the oratory could not ensure that a were accurate. DIRECTOR ES ector must ensure that an ve action plan is followed when sting results are found to be insatisfactory. Is not met as evidenced by: ew of 2008-2009 proficiency ufacturers's instructions and technical consultant, the realed ensure that an effective olan was followed and actions roficiency testing failures for the		Service Contractions of the service	Effective Immediated Wampole Iverness Urine test will no longer be no facility. (Please refer to DZ016 DZ015 DZ017 Patients with questional from other diagnostic to aniaeview and heteresound Sent for bloodwork que hCG levels.). ble results	1/25/10	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER		522 L	ADDRESS, CITY, STATE, ZIP CODE OMAS BLVD NE UQUERQUE, NM 87102		
(X4) ID PREFIX TAG	(EACH DEFICIES	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETICK DATE
D6019	was very effective kit the laboratory were questionable. 2. The laboratory were deviced in the comparative evaluates at a minimum det wampole kit at 200 laboratories within grade the other laboratories within grade the other laboratories (Wampole inverness (Wampole inverness (Wampole inverness (Wampole inverness (Wampole inverness (Wampole inverness (Wampole inverse in the laboratories was 97% and the (2000 mlU/mL). 3. A review of 200 revealed that profibecause the laboratories with wampole inverse in the wampole inverse inv	e used, Wampole Slide hCG as a backup to the waived hCG sed when the waived kit results was enrolled in the American e's proficiency program for he proficiency agency's ations revealed that the agency ection limit for hCG using the community of hCG using the comm	D6019			
	laboratory Sample UCG-04:	2858 mIU/mL- failed by the				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 12/15/2009	
	ROVIDER OR SUPPLIER	32D0534781	l	5	EET ADDRESS, CITY, STATE, ZIP CODE 22 LOMAS BLVD NE LBUQUERQUE, NM 87102		12/13/2003
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BÉ	(X5) COMPLET:ON DATE
D6019	Sample UCG-03 w responses were not 1 of 51 laboratories Sample UCG-05 w responses were not b. Event 2009-2 = These samples were following amounts Sample UCG-06: 2 laboratory Sample UCG-09: Sample UCG-09: Sample UCG-10: laboratory 3 of 49 laboratories Sample UCG-06 w responses were not 1 of 49 laboratories Sample UCG-10 w responses were not c. Event 2009-3= These samples w following amounts Sample UCG-11:	s reported a positive hCG for then the referee laboratories egative. Is reported a positive hCG for then the referee laboratories egative. In the referee laboratories egative.	De	6019			
	Sample UCG-14: Sample UCG-15: 1 of 49 laboratori Sample UCG-12 responses were r	46 mIU/mL 540 mIU/mL es reported a positive hCG for when the referee laboratories negative.					

CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		32D0534781	B. WIN	G		12	/15/2009
	OVIDER OR SUPPLIER			522 L	ADDRESS, CITY, STATE, ZIP CODE LOMAS BLVD NE LUQUERQUE, NM 87102		
(X4) 1D PREFIX TAG	(EACH DEFICIEN)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
D6019	Continued From page 12 Sample UCG-01: <2 mIU/mL Sample UCG-02: 2556 mIU/mL Sample UCG-03: 33 mIU/mL		De	8019			;
	Sample UCG-04: 12 laboratory Sample UCG-05: <2 4 of 56 laboratories Sample UCG-04 wh	236 mIU/mL- failed by the 2 mIU/mL reported a positive hCG for nen the referee laboratories					
	following amounts of Sample UCG-06: 2	e targeted to contain the of HCG: 556 mIU/mL		 			
	laboratory Sample UCG-10: 1	2 mIU/mL 56 mIU/mL- failed by the 236 mIU/mL					
	responses were ne f. 2008-3 = 100%	reported a positive hCG for hen the referee laboratories agative re targeted to contain the	;				
	following amounts Sample UCG-11: 3 Sample UCG-12: 2 Sample UCG-13: <	of HCG: 33 mIU/mL 2556 mIU/mL <2 mIU/mL					:
	Sample UCG-14: 1 Sample UCG-15: 4 4 out of 54 laborat						:
	for Sample UCG-1 was negative.	4 when the acceptable answer					ļ j
	an effective correct for unsuccessful p	ry director failed to ensure that tive action plan was followed participation in proficiency tory failed to identify the cause testing failures.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 12/15/2009 NAME OF PROVIDER OR SUPPLIER CURTIS BOYD MD PC XM ID SUMMARY STATEMENT OF DEFICIENCIES TAK DEFICIENCY MAY BE PRECEDED BY PLAN TAK DEFICIENCY MAY BE PRECEDED BY PLAN TAK TAK DEFICIENCY MAY BE PRECEDED BY PLAN TAK TA	CENTER	S FOR MEDICARL &	l.	0400 141 11 715	DIE CONSTRUCTION	(X3) DATE SURVEY	
STREET ADDRESS. CITY. STATE. JIP CODE STATE ALBUCH CORRECTION CRCHOORS RETRENCE TO THE APPROPRIATE CROSS-RETRENCE TO THE APPROPRIATE CROSS-RETRENCE TO THE APPROPRIATE CROSS-RETRENCE TO THE APPROPRIATE DECIDING CRCHOORS ALL DURS JOE CRCHOORS	* · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
S22 LOMAS BLYD NE ALBUQUERQUE, NM 87102 CALBULDERQUE, NM 87102 CONSTRUCTION PROPERTY CROSS REFERENCE TO THE APPROPRIATE.		32D0534781					
D6022 493.1407(e(6) DIRECTOR RESPONSIBILITIES The laboratory director must assure that the quality control and quality assessment programs are established and maintained to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Surveyor: 13439 Based on the review of 2008-2009 patient and quality assessment plan was followed to ensure that the laboratory performed quality control materials each day of Rh patient testing. 168 patients were tested on the days the laboratory failed to perform control materials. Findings are: There was no documentation that the laboratory had performed quality control materials on the following days: February 2008 Quality control was documented last on 2/13/08. 2/14/08 Patients 13-25 were tested. 2/15/08 Patients 26-37 were tested. November 2008					22 LOMAS BLVD NE		
The laboratory director must assure that the quality control and quality assessment programs are established and maintained to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Surveyor: 13439 Based on the review of 2008-2009 patient and quality control records, the laboratory director failed to ensure that a quality control and quality assessment plan was followed to ensure that the laboratory performed quality control materials each day of Rh patient testing. 168 patients were tested on the days the laboratory failed to perform control materials. Findings are: There was no documentation that the laboratory had performed quality control materials on the following days: February 2008 Quality control was documented last on 2/13/08. 2/14/08 Patients 13-25 were tested. 2/16/08 Patients 26-37 were tested. November 2008	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE COMPLETION	
11/5/08 Patient 38 was tested. Quality control was documented last on 11/15/08. 11/19/09 Patients 39-49 were tested. January 2009 Quality control was documented last on 1/24/09. 1/29/09 Patients 50-57 were tested. 1/30/09 Patients 58-77 were tested.	D6022	The laboratory direct quality control and q are established and in quality as they occur This STANDARD is Surveyor: 13439 Based on the review quality control recorfailed to ensure that assessment plan was laboratory performe each day of Rh patitested on the days to control materials. Findings are: There was no docur had performed quality control was 2/14/08 Patients 1 2/15/08 Patients 1 2/16/08 Patients 2 November 2008 Quality control was 11/5/08 Patients 38 Quality control was 11/19/09 Patients 39 January 2009 Quality control was 1/29/09 Patients 38	tor must assure that the uality assessment programs maintained to identify failures cur. Inot met as evidenced by: If of 2008-2009 patient and ds, the laboratory director a quality control and quality as followed to ensure that the d quality control materials ent testing. 168 patients were the laboratory failed to perform the laboratory failed to perform the laboratory materials on the documented last on 2/13/08. If documented last on 2/13/08. If documented last on 11/1/08. If documented last on 11/1/08. If documented last on 11/15/08. If documented last on 11/15/08.	D6022	lab director McME Las will ensure patient to and patient test result performed accurately appropriately. (please see attached D5449 copy of new 1	thy, CNP est controls Its to be and documental Poc for eg for Rh	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		32D0534781	B. WNG			12/15/2009		
	OVIDER OR SUPPLIER			522 L	ADDRESS, CITY, STATE, ZIP CODE OMAS BLVD NE UQUERQUE, NM 87102			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
D6022	2/11/09 Patients 9 Quality control was 2/25/09 Patients 1 March 2009 Quality control was 3/4/09 Patients 116 Quality control was 3/11/09 Patients 1 Quality control was 3/18/09 Patients 1 April 2009 Quality control was 4/1/09 Patient 1 Quality control was 4/7/09 Patient 1 Quality control was 4/22/09 Patients Quality control was 4/29/09 Patients May 2009 Quality control was 5/5/09 Patients October 2009 Quality control was Cotober 2009 Quality control was October 2009 Quality control was	documented last on 2/7/09. 5-101 were tested. documented last on 2/21/09. 02-115 were tested. documented last on 2/28/09. 6-117 were tested. documented last on 3/7/09. 18-131 were tested. documented last on 3/14/09. 32-139 were tested. documented last on 3/14/09. documented last on 3/28/09. documented last on 3/28/09. documented last on 3/28/09. documented last on 4/4/09.	De	5022				
	Quality control wa 10/20/09 Pation Since the laborator a quality control a	s documented last on 10/16/09. ents 166-168 were tested. bry director failed to ensure that and quality assessment plan was ratory could not ensure the		!				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PRINTED: 01/19/2010 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FORM APPROVED (X2) MULTIPLE CONSTRUCTION OMB NO. 0938-0391 A. BUILDING (X3) DATE SURVEY NAME OF PROVIDER OR SUPPLIER 32D0534781 COMPLETED B. WING CURTIS BOYD MD PC STREET ADDRESS, CITY, STATE, ZIP CODE 12/15/2009 522 LOMAS BLVD NE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ALBUQUERQUE, NM 87102 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE (X5) D6022 | Continued From page 15 COMPLETION DATE DEFICIENCY) accuracy of the patient results on the days that D6022 quality control materials were not performed.