

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0225177	(X3) Date Survey Completed 09/09/2025
Name of Provider or Supplier Pediatric Associates Of Winchester	Street Address, City, State 1002 Amherst St Bldg C, Winchester, VA	
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	An announced CLIA recertification survey was conducted at Pediatric Associates of Winchester on September 9, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. The specific deficiency cited is as follows:
D6054	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually</p> <p>This STANDARD is not met as evidenced by: Based on a review of the Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory policies and procedures, personnel records, lack of documentation, and an interview, the technical consultant (TC) failed to follow their established policy and perform annual microbiology competency evaluations for five (5) of 5 testing personnel (TP) in calendar year 2024. (See Personnel Code Sheet.) The findings include: 1. Review of the CMS 209 form revealed the laboratory director (LD) also performed the duties of TC and identified TP# 1-5 as responsible for moderate complexity testing of throat cultures and urine sediment examinations during the timeframe of November 2023 to September 2025. 2. Review of the laboratory personnel files for November 2023 until September 2025 revealed a lack of documentation of annual competency evaluations of throat cultures and urine sediment examinations for TP #1-5 in calendar year 2024. The surveyor requested to review annual competency assessments for the moderate complexity microbiology testing and urine sediment examinations performed by the above listed TP during calendar year 2024. The laboratory provided no documentation for review. 3. Review of the laboratory's policies and procedures revealed a policy, dated May 15, 2012, with the statements, "All physicians will be monitored annually for competency that includes the following five elements...The following pages for each physician will indicate that they have been observed for the above five elements, and this will be</p>

signed off by the lab director." 4. In an exit interview with the Laboratory Director and Primary Nurse at 12:30 PM on September 9, 2025, the above findings were confirmed.