

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0226364	(X3) Date Survey Completed 05/06/2019
Name of Provider or Supplier Chesterfield Pediatrics Pc	Street Address, City, State 5955 Harbour Park Drive, Midlothian, 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 unannounced CLIA off-site proficiency testing desk review of Chesterfield Pediatrics was conducted on May 6, 2019 by a Medical Facilities Inspector of the Virginia Department of Health's Office of Licensure and Certification. The laboratory was inspected under 42 CFR Part 493 CLIA regulations. Specific deficiencies cited are as follows:
D2016	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on the review of proficiency testing (PT) scores for the third event in 2018 and the first event in 2019, the CASPER 0153D Unsuccessful PT report and communication with the technical consultant, the laboratory failed to achieved</p>

satisfactory performance of at least 80% for two consecutive events for the White Blood Cell Differential (WBC Diff) parameter, resulting in unsuccessful performance (Cross Reference D2130).

D2130

HEMATOLOGY
CFR(s): 493.851(f)

Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.

This STANDARD is not met as evidenced by:

Based on the review the American Proficiency Institute (API) proficiency testing (PT) scores for the second and third events in 2018, the CASPER 0153D Unsuccessful PT report and communication with the technical consultant, the laboratory failed to achieve satisfactory performance of at least 80% for two consecutive events for the White Blood Cell Differential (WBC Diff) parameter, resulting in unsuccessful performance. Findings include: 1. Review of the API hematology PT scores and the CASPER 0153D Unsuccessful PT report revealed the following scores: 2018 3rd event WBC Diff- 33% 2019 1st event WBC Diff- 67% The laboratory received an unsuccessful API PT score for the above listed analyte. 2. An email communication with the technical consultant at approximately 7:30 AM confirmed the findings.