

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D0227198	<b>(X3) Date Survey Completed</b>  01/21/2022
<b>Name of Provider or Supplier</b>  Vernon J Harris Eeche DBA	<b>Street Address, City, State</b>  5855 Bremo Road Suite 302, Richmond, VA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An unannounced CLIA off-site proficiency testing desk review of Drs Meyer, Day and Lovings, PC was conducted on 01/21/22 by a Medical Facilities Inspector of the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The laboratory was not in compliance with the following Conditions under 42 CFR part 493 CLIA Regulations: D2016 - 42 C.F.R. 493.803 (a)(b)(c) Condition- Successful Participation.
<b>D2016</b>	<p><b>SUCCESSFUL PARTICIPATION</b> 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 the proficiency testing (PT) scores for the first and third events in 2021, the review of the CASPER 0155D Individual Laboratory Profile PT report</p>

and an interview with the primary testing personnel, the laboratory failed to achieved satisfactory performance of at least 80% for two out of three PT events for the Hematocrit (HCT) parameter, in which the laboratory received scores of 40% and 60% respectively, resulting in unsuccessful performance (Refer to 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 proficiency testing (PT) records for the first and third events in 2021, the CASPER 0155D Individual Laboratory Profile PT report and communication with the primary testing personnel, the laboratory failed to achieve satisfactory performance of at least 80% for two out of three PT events for the Hematocrit (HCT) parameter, resulting in unsuccessful performance. Findings include: 1. Review of the American Proficiency Institute (API) hematology PT scores and the CASPER 0155D Individual Laboratory Profile PT report revealed the following scores: 2021 1st event HCT- 40% 2021 3rd event HCT- 60% The laboratory received an unsuccessful API PT score for the above listed analyte. 2. An interview with the primary testing personnel on 01/21/22 at approximately 12:45 PM confirmed the findings.