Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0227389	07/01/2026
Name of Provider or Supplier	**Street Address, City, State**	
Richmond Pediatric Associates	9900 Independence Park Drive - Suite 100, Richmond, 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, off-site CLIA proficiency testing (PT) desk review was conducted for Richmond Pediatric Associates on July 1, 2026 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiencies cited are as follows and includes the following Conditions under 42 CFR part 493 CLIA Regulation: D2016 - 42 CFR. 493.803 Condition: Successful Participation, D6000 - 42 CFR. 493.1403 Condition: Laboratories performing moderate complexity testing- Laboratory Director.
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (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.

	This CONDITION is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting 153D report, the laboratory's College of American Pathologists proficiency testing (PT) records, and interview, the laboratory failed to attain a score of at least eighty percent of acceptable responses for regulated analyte, Hematocrit, on two (2) consecutive hematology testing events reviewed, resulting in an initial unsuccessful PT performance. Refer to D2130.
D2130	HEMATOLOGY CFR(s): 493.851(f) (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 a desk review of the laboratory's Certification and Survey Provider Enhanced Reporting (CASPER) 0153D report, the laboratory's 2026 proficiency testing (PT) evaluation records, and an interview, the laboratory failed to achieve satisfactory performance, a score of at least eighty percent (80%), for the regulated analyte Hematocrit (HCT) on two (2) consecutive hematology testing events resulting in unsuccessful PT participation. Findings include: 1. Review of the CASPER 0153D report revealed the following unsatisfactory scores: Hematology 2026- Event 1 - 20% for analyte 0785 HCT, Hematology 2026- Event 2 - 40% for analyte 0785 HCT. 2. Desk review of the laboratory's 2026 College of American Pathologists (CAP) PT records on 7/01/26 revealed: CAP 2026 Hematology Event 1 (module FH1-A): HCT scored 20%, CAP 2026 Hematology Event 2 (module FH1-B): HCT scored 40% resulting in an initial unsuccessful participation for analyte HCT. 3. A phone interview with the Medical Assistant/ Lab Manager on 7/01/26 at 12:39 PM confirmed the above findings.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0153D report, proficiency testing records, and interview, the laboratory director failed to provide overall direction and management of the laboratory services in ensuring satisfactory and successful participation in an approved Health and Human Services approved proficiency program. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;

	This STANDARD is not met as evidenced by: Based on a desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 0153D report, College of American Pathologists (CAP) proficiency testing records, and an interview, the laboratory director failed to ensure successful participation in the laboratory's Health and Human Services (HHS) approved proficiency program. The laboratory had unsatisfactory scores for the regulated analyte Hematocrit (HCT) on two consecutive testing events in year-to-date 2026. Refer to D2130.