

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0229350	(X3) Date Survey Completed 05/08/2025
Name of Provider or Supplier Lake Taylor Transitional Care Hospital	Street Address, City, State 1309 Kempsville Road, Norfolk, 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 Lake Taylor Transitional Care Hospital on May 8, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Specific deficiencies cited are as follows:
D2094	<p>ROUTINE CHEMISTRY CFR(s): 493.841(e)</p> <p>(e)(1) For any unsatisfactory analyte or test performance or testing event for reasons other than a failure to participate, the laboratory must undertake appropriate training and employ the technical assistance necessary to correct problems associated with a proficiency testing failure. (2) For any unacceptable analyte or testing event score, remedial action must be taken and documented, and the documentation must be maintained by the laboratory for two years from the date of participation in the proficiency testing event.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing (PT) records, lack of documentation, and interviews, the laboratory failed to document remedial action for an unacceptable Partial Pressure of Carbon Dioxide (PCO2) analyte score on one out of four (4) Critical Care Blood Gas PT events as reviewed on the date of the inspection, May 8, 2025. Findings include: 1. Review of the laboratory's College of American Pathologists (CAP) PT documentation (2024 Events 1-3, 2025 Event 1), a total of 4 events, revealed no evidence of remedial action for: 2024 Event 2 Critical Care Blood Gas -PCO2 challenge sample AQ-10 scored as "Unacceptable". 2. Review of the laboratory's PT results revealed no corrective/evaluation documentation for the unacceptable score outlined above. The inspector requested documentation of remedial action. No documentation was available for review. 3. An exit interview with the Director of Respiratory Services, Respiratory Therapist Supervisor, and Ventilator Program Manager on 5/8/25 at 2:00 PM, confirmed the above findings.</p>

D5213

EVALUATION OF PROFICIENCY TESTING PERFORMANCE

CFR(s): 493.1236(b)(1)

(b) The laboratory must verify the accuracy of the following: (b)(1) Any analyte or subspecialty without analytes listed in subpart I of this part that is not evaluated or scored by a CMS-approved proficiency testing program.

This STANDARD is not met as evidenced by:

Based on a review of proficiency testing (PT) records, lack of documentation, and interviews, the laboratory failed to verify the accuracy of five (5) of 5 non-graded total carbon dioxide (TCO₂) analyte results on one of four (4) PT events reviewed and noted on the date of the inspection, May 8, 2025. Findings include: 1. Review of the laboratory's College of American Pathologists (CAP) PT result documentation (2024 Events 1-3, 2025 Event 1), a total of 4 events, revealed no evaluation (due to less than 10 participating laboratories) or verification of accuracy for the non-graded TCO₂ responses for: 2024 Event 3: challenge samples AQ-11, AQ-12, AQ-13, AQ-14, AQ-15 (no score provided)--a total of 5 of 5 non graded TCO₂ responses on the Critical Care Blood Gas module. 2. The inspector requested to review evaluation documentation for the 5 non graded analytes listed above. No documentation was available for review. 3. An exit interview with the Director of Respiratory Services, Respiratory Therapist Supervisor, and Ventilator Program Manager on 5/8/25 at 2:00 PM, confirmed the above findings.