Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0231750	(X3) Date Survey Completed 02/08/2018
Name of Provider or Supplier Carilion Clinic Fm-Daleville	**Street Address, City, State** 150 Market Ridge Lane, Daleville, 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 Carilion Family Medicine- Daleville on February 8, 2018 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:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on a review of the proficiency testing (PT) records and an interview, the laboratory director failed to sign one (1) of six (6) attestation statements reviewed. Findings include: 1. Review of the American Academy of Family Physicians PT records for all events for 2016 and 2017 (a total of six events) revealed the following attestation statements not signed by the laboratory director: 2017 Event A. 2. An interview with the technical consultant at approximately 11:45 AM confirmed that 1 of the 6 attestation statements reviewed was not signed by the laboratory director.