

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 49D0666189	<b>(X3) Date Survey Completed</b> 08/09/2018
<b>Name of Provider or Supplier</b> Walk In Care - Forest	<b>Street Address, City, State</b> 1175 Corporate Park Dr, Forest, 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 announced CLIA Recertification survey was conducted at the CVFP Immediate Care Lakeside on August 9, 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:
<b>D5807</b>	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of five (5) patient Complete Blood Count (CBC) test reports from the laboratory's electronic health record (EHR) and interview, the laboratory's Athena EHR patient CBC report failed to contain CBC reference intervals or normal values at the date of survey on August 9, 2018. Findings include: 1. Review of 5 patient Complete Blood Count (CBC) test reports generated from the Athena EHR revealed that the reports lacked CBC reference intervals or normal values. 2. An interview with the primary testing personnel and laboratory clinical coordinator at approximately 12:00 PM, it was confirmed that the Athena EHR lacked CBC reference intervals or normal values.</p>
<b>D6053</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p>

This STANDARD is not met as evidenced by:  
Based on the review of CMS-209 Laboratory Personnel Report Form (CLIA), testing personnel (TP) records, and interview, the technical consultant failed to perform and document semi-annual competency assessments for three (3) of three (3) TP in 2018. Findings include: 1. Review of the CMS-209 form revealed that the lab director also performs the duties of technical consultant and that there were 3 new TP hired in 2017. (See attached personnel code list.) 2. Review of the TP records revealed: TP A- hired and trained December 11, 2017; TP B- hired and trained October 1, 2017; TP C- hired and trained September 18, 2017. Record review revealed no documentation of the evaluation and review of the semi-annual competency assessments by the technical consultant in 2018. 3. An interview with the primary testing personnel and laboratory clinical coordinator at approximately 12:00 PM confirmed that the technical consultant failed to perform the evaluation and review of the semi-annual competency assessments in 2018 for the new TP.

**D6054**

**TECHNICAL CONSULTANT RESPONSIBILITIES**  
CFR(s): 493.1413(b)(9)

The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.

This STANDARD is not met as evidenced by:  
Based on the review of CMS 209 Laboratory Personnel Report Form (CLIA), testing personnel (TP) records, and interviews, the technical consultant failed to perform and document annual competency assessments for one (1) of one (1) TP in 2017. Findings include: 1. Review of the CMS-209 form revealed that the lab director also performs the duties of technical consultant and that TP D was performing patient testing in 2017. (See attached personnel code list.) 2. Review of the TP D records revealed no documentation of a competency assessment performed by the technical consultant in 2017. The inspector requested the competency assessment for TP D. The documentation was not available for review. 3. An interview with the primary testing personnel and laboratory clinical coordinator at approximately 12:00 PM confirmed that the technical consultant failed to perform the competency assessment for TP D in 2017.