

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0670586	(X3) Date Survey Completed 03/19/2026
Name of Provider or Supplier Fairfax County Health Dept Laboratory	Street Address, City, State 10310 Layton Hall Drive, Fairfax, 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 Fairfax County Health Department Laboratory on March 17-19, 2026 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. The specific deficiency cited is as follows:
D5433	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(1)</p> <p>(b)(1)(i) Establish a maintenance protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(1)(ii) Perform and document the maintenance activities specified in paragraph b(1)(i) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on a laboratory tour, review of the laboratory's policies and procedures, lack of documentation, and interview, the laboratory failed to follow their established policy to perform and document daily maintenance for one (1) of 1 Biological Safety Cabinet (BSC) utilized for patient specimen extraction for eight (8) of eight patient testing days from November 2025 through January 2026. The findings include: 1. During a laboratory tour with Technical Supervisor #1 (TS1) at 9:30 AM on March 18, 2026, the surveyor noted a Biological Safety Cabinet labeled as BSC #2 (Serial #135119011310) located in Extraction room # 2 in use for the extraction of patient specimens for molecular testing. 2. Review of the laboratory's policies and procedures revealed a policy, "Chemical Fume Hoods and Biosafety Cabinets", with the statements, "P. The function of the BSC is checked before use or as specified by each department. Function checks are documented...Q. Operation and Maintenance- Document on section/laboratory specific logs." 3. A review of the laboratory's maintenance records revealed a "Biosafety Cabinet Maintenance Log" with listings of the following daily tasks: "Turn BSC on, allow to run for 15 minutes; Verify sash height/alarm is on; Light check; Airflow Rate (inches w.c.)-(0.1-0.5 inches wc) ensure</p>

rate is minimal; Tissue test (Y=pass/N=does not pass); Disinfect interior surfaces (back, sides, bottom) prior to use; Empty biohazard trash if needed; Disinfect interior and exterior after use; Replace absorbent paper, if used; Performed by." 4. Review of the maintenance logs for BSC #2 from April 2024 until March 2026 revealed a lack of documentation of the daily maintenance performed on the following testing dates: 11/05/2025, 11/25/2025, 12/16/2025, 12/23/2025, 12/31/2025, 01/07/2025, 01/21/2025, and 01/28/2025. A total of 8 patient testing days. The surveyor requested to review documentation of the daily maintenance for the BSC #2 for the above listed patient testing days. The laboratory provided no documentation for review. During an interview with Technical Supervisor #2 (TS2) on March 18, 2026, at 11:30 AM, the TS stated, "We can't find the maintenance logs for November 2025, December 2025, and January 2026." 5. In an interview at 2:30 PM on March 18, 2026, with the Laboratory Director and Technical Supervisors, the findings were confirmed.