| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 49D0675231 | 07/15/2021 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Evms Department Of Dermatology-Lewis Hall | 700 West Olney Road Suite 3035, 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 |
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| **D0000** | An announced CLIA recertification survey was conducted at EVMS Department of Dermatology-Lewis Hall on July 14, 2021 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements and included an exit interview on July 15, 2021. Specific deficiency cited is as follows: |
| **D6128** | TECHNICAL SUPERVISOR RESPONSIBILITIES<br>CFR(s): 493.1451(b)(9)<br><br>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.<br><br>This STANDARD is not met as evidenced by:<br>Based on a review of Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory personnel files, lack of documentation, and interviews, it was determined that the laboratory failed to retain annual histopathology competency evaluations for the lead testing personnel (TP A) in calendar years 2019, 2020, and up the date of inspection. (See Personnel Code Sheet.)<br>Findings include: 1. Review of the CMS 209 form revealed that the laboratory director also performs the duties of Technical Supervisor (TS) and two histology testing personnel were identified as responsible for high complexity testing procedures. 2. Review of the laboratory personnel files revealed that TP A's personnel file lacked a 2019 and 2020 annual histopathology competency evaluation. The inspector requested to review additional competency assessments for TP A. The practice manager provided a 2021 job performance evaluation which did not include the TS's histology laboratory competency assessment of TP A. The LD stated on 7/14 /21 at approximately 4:00 PM: "I recall performing the competency assessments. We |

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| | will need to find the records for you." 3. During a follow up exit interview on 7/15/21 at approximately 10 AM, the practice manager stated: "I searched through the old files from the previous manager and there is no copy of the laboratory competencies for 2019 and 2020. I cannot find the CLIA laboratory check list done by the lab director." 4. The exit interview with the practice manager on 7/15/21 confirmed the above findings. |