

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D0955991	<b>(X3) Date Survey Completed</b>  02/04/2021
<b>Name of Provider or Supplier</b>  Patient First - Mechanicsville	<b>Street Address, City, State</b>  7238 Mechanicsville Turnpike, Mechanicsville, 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>	<p>An announced CLIA recertification survey was conducted for Patient First-Mechanicsville on February 2-4, 2021 by the Virginia Department of Health's Office of Licensure and Certification. The survey included virtual record review conducted on 02/02/21 and 02/03/21 with virtual interviews/tour on 02/04/21. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The inspector noted that the laboratory performs SARS-CoV-2 (COVID-19) testing and was in compliance with the applicable COVID-19 reporting requirements. Patient First-Mechanicsville is in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations.</p>