Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0961491	03/19/2026
Name of Provider or Supplier	**Street Address, City, State**	
Chickahominy Family Practice- Central Lab	9010 Pocahontas Trail, Providence Forge, 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 Chickahominy Family Practice-Central Lab on March 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. Specific deficiencies cited are as follows:
D6005	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(c) (c) The laboratory director must: (c)(1) Be onsite at least once every 6 months, with at least 4 months between the minimum two on-site visits. Laboratory directors may elect to be on-site more frequently and must continue to be accessible to the laboratory to provide telephone or electronic consultation as needed; and (c)(2) Provide documentation of these visits, including evidence of performing activities that are part of the laboratory director responsibilities. This STANDARD is not met as evidenced by: Based on a review of laboratory records, lack of documentation, and interview the laboratory director (LD) failed to perform an onsite visit for director oversight during 12 of 12 months in calendar year 2025. Findings: 1. A review of temperature logs for the review timeframe of March 2024 to 3/19/26 revealed instructions for LD to sign and date review as per a quality assessment protocol. The inspector noted temperature charts titled Freezer PFMC and Freezer KSMC had no LD signature nor date for each of 12 months in 2025. The inspector inquired regarding the missing LD signatures. The lead testing personnel stated at 12 noon on 3/19/26, "I failed to include the freezer logs when I took our QA logs over to the other office for the director's review" 2. The inspector inquired regarding documentation of the LD's onsite lab visits in calendar year 2025. The lead testing personnel stated at 12:10 on 3/19/26, "The lab director did not come onsite last year. I was the courier all of the records over for the review." 3. An exit interview with the lead testing personnel at 4 PM on 3/19/26 confirmed the above findings.

D6047	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b(8)(i) (b)(8)(i) Direct observations of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing; This STANDARD is not met as evidenced by: Based on a review of the Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory personnel files, and interviews, the technical consultant (TC) failed to document direct observation of patient testing by two of two TOSOH chemistry analyzers for testing personnel A (TP A) for one of two calendar years' annual competency assessments. (See Personnel Code Sheet) Findings include: 1. Review of the CMS 209 form revealed that the laboratory director (LD) also performs duties of TC and that the laboratory utilized two TOSOH analyzers (A1A900, Bioscience G8) for non waived 25 Hydroxy Vitamin D, Parathyroid Hormone, and Glycosylated Hemoglobin A1c testing by TP A during the 24 months of review (timeframe: 2/24/24 to 3/19/26). 2. Review of TP A's personnel file revealed that annual competency assessments were signed by the LD in 2024 and 2025. 3. The inspector had noted that the LD failed to perform an onsite laboratory visit in calendar year 2025 (refer to D6005) and inquired regarding protocols for direct observation of operation /patient testing by the TOSOH A1A 900 and G8 in calendar year 2025 in lieu of LD/TC participation. The lead testing personnel stated at 12:10 on 3/19/26, "The lab director did not come onsite to observe for competency last year and we should make sure that is corrected." 4. An exit interview with the lead testing personnel at 4 PM on 3/19/26 confirmed the above findings.