Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0963697	08/06/2026
Name of Provider or Supplier	**Street Address, City, State**	
Sovah Pediatrics	201 South Main Street Suite 2100, Danville, 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 SOVAH Pediatrics on August 8, 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:
D3011	FACILITIES CFR(s): 493.1101(d) Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials. This STANDARD is not met as evidenced by: Based on a tour of the laboratory, review of procedures, lack of documentation, and interviews, the laboratory failed to follow their protocol for one of one personnel eyewash weekly maintenance checks for 108 of 108 weeks reviewed (recertification timeframe: July 10, 2024 to August 6, 2026). Findings include: 1. During a tour of the laboratory on 8/6/26 at 10 AM, the inspector noted one sink eyewash station in use perpendicular to the hematology testing bench. 2. Review of the laboratory procedure manual revealed a safety protocol (titled: Eye Wash Station) that stated, "The eye wash station is to be flushed/checked every Monday by the lab staff." 3. Review of the laboratory's maintenance logs revealed no record of the eyewash weekly maintenance outlined above. The inspector requested to review documentation that the eyewash station was flushed/checked weekly during the review timeframe of 7/10/24 - 8/6/26. The documentation was not available for review. 4. An interview with the Practice Manager, Quality Manager, and lead testing personnel on 8/6/26 at 1:30 PM confirmed the above findings.
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 records, lack of documentation, and interviews, the laboratory director (LD) failed to provide documentation of onsite visits with evidence of performing oversight director duties during the 24 of 24 months reviewed (timeframe: July 10, 204 to August 6, 2026). Findings: 1. A review of quality assessment records revealed no policy or documentation of LD onsite visits to conduct oversight responsibilities during the review timeframe of 7/10/24 - 8/6/26. The inspector requested to review documentation of LD onsite visits. The records were not available to review on the day of the inspection. 2. The inspector inquired regarding the laboratory's protocol for documentation of LD oversight onsite visits such as sign in /sign out logs, meeting minutes, and/or notes of observations. The practice manager stated on 8/6/26 at 1 PM, "We typically take lab records to our director for periodical review during the year to his office. He is not onsite. I do not recall if the lab director came onsite last year but we did have the lab director come yesterday to sign forms for this inspection." 3. An interview with the Practice Manager, Quality Manager, and lead testing personnel on 8/6/26 at 1:30 PM confirmed the above findings.