

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D0993431	(X3) Date Survey Completed 10/21/2025
Name of Provider or Supplier Hospital For Extended Recovery	Street Address, City, State 600 Gresham Drive - Suite 700, 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
D0000	An announced CLIA recertification survey was conducted at the Hospital for Extended Recovery on October 21, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The Hospital for Extended Recovery was not in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations. Specific deficiency is as follows:
D6020	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;</p> <p>This STANDARD is not met as evidenced by: Based on a review of Medical Director Review sheets, laboratory temperature logs, lack of documentation, and interviews, the laboratory director failed to identify and document corrective action when refrigerator temperatures were greater than acceptable range on ninety six (96) of the two hundred fourteen (214) days in the nine months reviewed. Findings include: 1. Review of the Medical Director Review sheets revealed a quality worksheet documenting monthly director review of ten items that included "Temperature Log". For each item there was an action check box for "approved" or "Not approved" along with areas for comments. The nine completed and signed Medical Director Review sheets for January 2025 through September 2025 each indicated the Temperature Log was "approved". The Review sheets lacked director comments about temperature outliers. 2. Review of the 2025 laboratory temperature logs revealed 96 days that the documented refrigerator temperatures were greater than the defined acceptable limit of 46 degrees Fahrenheit as follows: March 2025 - 2 days, April 2025 - 3 days, May 2025 - 9 days, June 2025 - 16 days, July 2025 - 21 days, August 2025 - 26 days, September 2025 - 19 days. 3. When asked why</p>

there were no refrigerator temperatures recorded for September 20 - 22, 2025, the lab manager stated at 11:40 am on 10/21/25 that the reagents were moved from the primary refrigerator at that time and the refrigerator defrosted. The inspector noted that the September refrigerator temperatures documented after the corrective action were within the acceptable ranges. 4. In an exit interview with the lab manager at 12:30 on 10/21/25, the findings were confirmed.