

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 49D0998437	<b>(X3) Date Survey Completed</b> 04/06/2022
<b>Name of Provider or Supplier</b> Pediatric Dermatology - Childrens Specialty Grp	<b>Street Address, City, State</b> 301 Riverview Avenue - 3rd Floor, Norfolk, 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>	An announced CLIA recertification survey was conducted at Pediatric Dermatology-Children's Speciality Group (Norfolk) on April 6, 2022 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiency cited is as follows:
<b>D6054</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least annually, after the first year.</p> <p>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), testing personnel (TP) records, procedure manual, lack of documentation, and an interview, the technical consultant (TC) failed to document performance of annual competency evaluations for three (3) of 3 TP in calendar year 2020. Findings include: 1. Review of the CMS 209 form revealed that the laboratory director also performs the duties of TC and that personnel A, B, and C were identified as responsible for performing patient Dermatophyte Test Medium (DTM) fungal culture and Potassium Hydroxide (KOH) Wet Prep microscopy testing (review timeframe of March 2020 to the date of the inspection on 4/6/22). **See Personnel Code Sheet. 2. Review of the laboratory personnel files revealed no 2020 annual competency evaluations for: TP A, B, and C. 3. Review of the laboratory's procedure manual revealed a policy (CSG Division of Dermatology Annual Competency Policy) which stated "Competency will be assessed annually, or more frequently as determined by the laboratory director. The annual competency is to demonstrate continuation in roles of testing personnel". The inspector requested to review 2020 annual competency assessments for the TP outlined above. No records were available for review. The Specialty Procedures Nurse stated on 4/6/22 at</p>

approximately 11:00 AM: "We utilize a written competency test and the course in Microscopy and DTM for annual competency. We have records for 2019 and 2021 but do not have 2020 documentation." 4. An exit interview with the Specialty Procedures Nurse on 4/6/22 at approximately 12:30 PM confirmed the above findings.