Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D0998730	09/30/2025
Name of Provider or Supplier	**Street Address, City, State**	
Lakeview Pediatrics And Family Medicine	3060 Godwin Boulevard, Suffolk, 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 off-site CLIA proficiency testing (PT) desk review was conducted for Lakeview Pediatrics and Family Medicine by the Virginia Department of Health's Office of Licensure and Certification and was completed on September 30, 2025. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Specific deficiencies cited are as follows and includes the Conditions under 42 CFR part 493 CLIA Regulation: D2016 - 42 CFR. 493.803 Condition: Successful Participation, D6000 - 42 CFR. 493.1403 Condition: Laboratories performing moderate complexity testing- Laboratory Director.
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by:

	Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER)-0153 report, 2025 American Proficiency Institute (API) Proficiency test (PT) results, and interview, the laboratory failed to successfully participate in the platelet (PLT) anaylte in two (2) consecutive 2025 Hematology PT testing events (Event 1 and Event 2). Refer to D2130.
D2130	HEMATOLOGY CFR(s): 493.851(f) (f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER)-0153 report, American Proficiency Institute (API) Proficiency test (PT) results for 2025 (events one and two), and interview, the laboratory failed to attain a score of at least eighty percent of acceptable responses for the platelet (PLT) anaylte in two (2) consecutive 2025 Hematology testing events resulting in an unsuccessful PT performance. Findings include: 1. Review of the CASPER 153 report revealed platelet PT scores of less than 80% for the following hematology events: 2025 Event 1 = 60%, 2025 Event 2 = 0%, resulting in unsuccessful PT performance. 2. Review of the two 2025 American Proficiency Institute (API) Proficiency test (PT) results confirmed the scores above and revealed that the lab failed to participate in the 2nd PT event resulting in a zero. 3. In a telephone interview with the lab director and clinical coordinator on 09/30/2025 at 2:20 PM, the results were confirmed. The lab director stated "We will work on it."
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on a proficiency testing desk review of the Certification and Survey Provider Enhanced Reporting (CASPER) 153 report, and the 2025 American Proficiency Institute proficiency testing records, the laboratory director (LD) failed to ensure the overall quality of the laboratory services provided by failing to ensure successful participation in a HHS approved Proficiency testing program. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on a proficiency testing desk review of Certification and Survey Provider Enhanced Reporting (CASPER) 153 report, the laboratory's 2025 American

	Proficiency Institute (API) Proficiency test records (events 1 and 2), and interview, the laboratory director (LD) failed to ensure successful participation in a HHS approved Proficiency testing program. Refer to D2130.