Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 49D1015809	**(X3) Date Survey Completed** 05/04/2020
Name of Provider or Supplier Ashcake Family Physicians, Inc	**Street Address, City, State** 7493 Right Flank Road - Suite 400, Mechanicsville, 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 unannounced, off-site CLIA proficiency test desk review was conducted for Ashcake Family Physicians on May 4 2020 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:
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 an off-site desk review of the laboratory's American Association of Bioanalysists proficiency testing (PT) records and an interview, the laboratory failed to attain a score of at least eighty percent of acceptable responses for White Blood

	Cell counts and Cell Identification in two consecutive hematology testing events reviewed, resulting in unsuccessful PT performance (reviewed: 2019 third event, 2020 first event). See 2130.
D2130	HEMATOLOGY CFR(s): 493.851(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 an off-site desk review of proficiency testing (PT) records (2019 third event, 2020 first event) and interviews, the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for White Blood Cell (WBC) counts and WBC Differential Identification (WBC Diff) in the two (2) consecutive hematology testing events reviewed, resulting in unsuccessful PT performance. Findings include: 1. Review of the laboratory's American Association of Bioanalysts (AAB) PT records revealed WBC count and WBC Diff scores of less than 80% for the following consecutive events: AAB 2019 Hematology Module C Event 3 - WBC = 0%, WBC Diff 0%; AAB report noted "results not reported to AAB for five of five challenge samples resulting in score of zero"; AAB 2020 Hematology Module A Event 1 - WBC = 60%, WBC Diff 73%; AAB report noted "results score is below CMS limit"; resulting in an unsuccessful PT performance. 2. In an email correspondence interview with the lab director on 5/4/20 at approximately 10:30 AM, and a telephone interview with AAB technical support specialist at approximately 4:30 PM, the above findings were confirmed.