

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D1064580	(X3) Date Survey Completed 04/16/2021
Name of Provider or Supplier Richmond Behavioral Health Authority	Street Address, City, State 107 S 5th Street, Richmond, 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 focused survey for compliance with SARS-CoV-2 test result reporting requirements was conducted remotely at the Richmond Behavioral Health Authority on April 16, 2021 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Initial interview and CMS Letter to Director for the Focused Survey sent on March 25, 2021. The laboratory is performing COVID-19 testing and in compliance with the applicable COVID-19 reporting requirements.