Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2038943	06/05/2024
Name of Provider or Supplier	**Street Address, City, State**	
Peninsula Medical Center For Women	10758 A Jefferson Avenue, Newport News, 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 Peninsula Medical Center for Women on June 5, 2024 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Specific deficiency cited is as follows:
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Based on review of the Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), proficiency testing (PT) records, and an interview, the laboratory failed to rotate immunohematology PT among personnel performing patient Rh Factor type testing for four (4) of five (5) events reviewed (timeframe: September 2022 to the date of the inspection on June 5, 2024). Findings include: 1. Review of the CMS 209 revealed three TP identified as responsible for moderate complexity immunohematology Rh Factor type testing during the timeframe of the inspection (9/14/22 to 6/5/24). 2. Review of the laboratory's American Proficiency Institute (API) PT documentation, a total of 5 events (2022 Event 3, 2023 Events 1-3, 2024 Event 1), revealed that Testing Personnel A (TP A) signed attestation statements for the following Blood Bank ABO/Rh module events: API 2022 Event 3; API 2023 Event 1; API 2023 Event 2; API 2023 Event 3; TP A performed 4 of 5 events reviewed. (See Personnel Code Sheet) 3. An exit interview with the facility director on 6/5/24 at 12:30 PM confirmed the above findings.