Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2038943	08/12/2026
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 August 12, 2026 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Peninsula Medical Center for Women was not in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations. Specific deficiencies are as follows:
D6020	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5) (e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; This STANDARD is not met as evidenced by: Based on laboratory policy and procedures, Lab Result Log book, Quality Assessment (QA) review forms, and interview, the laboratory director (LD) failed to maintain the quality program for two (2) days out of 25 months reviewed with 7 patient Rhesus factor (Rh) tested. Findings include: 1. Review of lab's Rh testing procedure, Quality control (QC) policy, and Quality Assurance plan revealed the following statements: -Reagent should be stored at 2 to 8 degrees Celsius (C). -Quality Controls for Anti D will be conducted any day that lab services are rendered. -The temperature of the refrigerator and the lab will be logged. The temperature of the refrigerator must be between 2 and 8 degrees Celsius. -Any problem arising (for example, a specimen labeled with the wrong name, wrong tube used, temperatures out of range, or unacceptable specimens) will be documented. The lab director will determine any corrective action needed to keep the problem form recurring. -The lab director will review Quality Assurance documents monthly. 2. Review of the Lab Result Log book for 7/1/24 - 8/11/26 (25 months) revealed the following dates with issues: On 8/15/24, the refrigerator temperature was documented as greater than the acceptable 8 degrees

	Celsius with 4 patients tested. On 6/04/26, daily Anti D QC was not documented with 3 patients tested. 3. The lab's Quality Assessment Review form includes the questions: "Controls in range?", and "Temperatures in range?", and a space for Corrective Action documentation. Review of all of the available completed Quality Assessment Review forms revealed: "Temperatures in range" answered as Yes with no temperature corrective action documented for August 2024, and "Controls in range" answered as Yes with no corrective action documented for June 2026. The lab director reviewed and signed the August 2024 and June 2026 Quality Assessment Review forms with no notations or corrective actions documented. 4. The above findings were confirmed in an interview with the primary testing personnel at 10:52 am on 8/12/26, .