

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D2049739	(X3) Date Survey Completed 01/10/2020
Name of Provider or Supplier Carenow Urgent Care Llc - Harbour Pointe	Street Address, City, State 6100 Harbourside Centre Loop, Midlothian, 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 testing (PT) desk review was conducted for BetterMed Urgent Care (Midlothian) on January 9-10, 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	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This CONDITION is not met as evidenced by: Based on an off-site desk review of the laboratory's 2019 American Proficiency Institute proficiency testing (PT) records and interviews, the laboratory failed to attain a score of at least eighty percent of acceptable responses for Red Blood Cell counts in</p>

two out of three Hematology testing events reviewed resulting in an unsuccessful PT performance. 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 a review of 2019 proficiency testing (PT) records and interviews, the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for Red Blood Cell (RBC) counts in two (2) out of three (3) Hematology testing events reviewed, resulting in an unsuccessful PT performance. Findings include: 1. An unannounced off-site desk review of the laboratory's 2019 American Proficiency Institute proficiency (API) PT records (Events 1-3) revealed RBC count scores of less than 80% for the following 2 events: 2019 Event 1 - RBC = 60%; 2019 Event 3 - RBC = 0% (failure to participate); resulting in an unsuccessful PT performance. 2. In an email correspondence (01/09/2010) and telephone interview (01/10/2020 at approximately 3:30 PM) with the clinical coordinator, the above findings were confirmed.