Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2074451	02/26/2024
Name of Provider or Supplier	**Street Address, City, State**	
Vista Clinical Diagnostics	3303 North Main Street Suite C, Danville, 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 CLIA off-site proficiency testing desk review of Vista Clinical Diagnostics was conducted on 02/26/24 by a Medical Facilities Inspector of the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Specific deficiencies cited are as follows: The laboratory was not in compliance with the following Conditions under 42 CFR part 493 CLIA Regulations: D2016 - 42 C.F.R. 493.803 (a)(b)(c) Condition- Successful Participation.
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 proficiency testing (PT) records

	and email communication, the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for Digoxin analyte for two consecutive chemistry testing events resulting in unsuccessful PT performance. Refer to D2096.
D2096	ROUTINE CHEMISTRY CFR(s): 493.841(f) Failure to achieve satisfactory performance for the same analyte or test in two consecutive testing 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 the laboratory's proficiency testing (PT) records and email communication, the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for Digoxin analyte for two (2) consecutive chemistry testing events resulting in unsuccessful PT performance. Findings include: 1. Desk review of the laboratory's American Proficiency Institute (API) PT records revealed Digoxin scores of less than 80% for the following Chemistry events: 2023 Event 3 - Digoxin = 60%, and 2024 Event 1 - Digoxin = 40%. Resulting in unsuccessful PT performance. 2. Email communication with the laboratory manager on 02/26/24 at 10 AM confirmed the findings.