Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	49D2087292	04/24/2019
Name of Provider or Supplier	**Street Address, City, State**	
Northern Virginia Carenow Urgent Care Llc	5215 W Broad 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 CLIA recertification survey was conducted at Bettermed Urgent Care on April 24, 2019 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. The specific deficiencies are as follows:
D6019	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iv) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(iv) Ensure that an approved corrective action plan is followed when any proficiency testing results are found to be unacceptable or unsatisfactory. This STANDARD is not met as evidenced by: Based on review of laboratory's Quality Assurance (QA) policy, proficiency testing (PT) records, and an interview with Testing Personnel A (TP A), the Laboratory Director (LD) failed to ensure the laboratory followed their established PT policy to evaluate and document a corrective action plan for three (3) of six (6) Hematology PT events reviewed from April 2017 until April 2019. Findings include: 1. Review of the laboratory's QA policy revealed the following, "Proficiency Testing-...We will carefully evaluate any unacceptable, unsatisfactory, or unsuccessful proficiency testing results in an effort to identify the cause of failure. If a cause is found, we will take necessary corrective action and reevaluate the PT results after the next PT challenge. This information will be recorded and kept with our quality assurance records." 2. Review of the laboratory's American Proficiency Institute (API) Hematology/Coagulation PT documentation from April 2017 until April 2019, a total of six (6) events, revealed the following unacceptable scores: API 2017 Hematology /Coagulation Event 2 Platelets=80%, API 2018 Hematology/Coagulation Event 2

	Platelets=80% and Cell ID=93%, API 2018 Hematology/Coagulation Event 3 Platelets=80%, A total of 3 events. No evidence of an evaluation or corrective action plan was noted for the above listed events. The surveyor requested documentation of the evaluation and corrective action plan for API 2017 Hematology/Coagulation-2nd Event, API 2018 Hematology/Coagulation Event 2, and API 2018 Hematology /Coagulation Event 3. The laboratory provided no documentation to review. 3. In an exit interview at approximately 12:00 PM, TP A confirmed the findings.