

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D2131489	<b>(X3) Date Survey Completed</b>  06/18/2025
<b>Name of Provider or Supplier</b>  Dermatology Associates Of Virginia	<b>Street Address, City, State</b>  10800 Midlothian Turnpike - Suite 310, Richmond, VA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An announced CLIA recertification survey was conducted at Dermatology Associates of Virginia on June 18, 2025 by 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:
<b>D6127</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(9)</p> <p>(b)(9) Evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory's personnel files, laboratory's policies and procedures, lack of documentation, and an interview, the Technical Supervisor (TS) failed to follow the established laboratory policy to perform a six month competency evaluations for one (1) of six (6) personnel in calendar year 2023. The findings include: 1. Review of the CMS 209 form revealed that the laboratory director identified themselves as Technical Supervisor (TS). 2. Review of the laboratory's policies and procedures revealed a policy for competency evaluations of Histology technicians (histotech) that included initial training and a competency at 6 months of employment. 3. Review of the laboratory's personnel files revealed six (6) personnel performing Histology duties. Personnel A's file revealed an initial training in April of 2023 and an annual competency evaluation in December of 2024. A 6 month evaluation performed in 2023 was requested and not provided. 4. In an exit interview with the Clinical Administrators on June 18, 2025 at approximately 4:15 pm, the above findings were confirmed.</p>