

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D2159820	(X3) Date Survey Completed 11/20/2024
Name of Provider or Supplier Northern Virginia Hematology Oncology Associates	Street Address, City, State 8140 Ashton Ave Suite 210, Manassas, 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 Northern Virginia Hematology Oncology Associates-Manassas on November 20, 2024 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 deficiency cited is as follows:
D6053	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate 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 the Centers for Medicare and Medicaid Services Laboratory Personnel Report form (CMS 209), laboratory policies and procedures, personnel records, lack of documentation, and interview, the technical consultant (TC) failed to follow the laboratory's established policy to perform semi-annual competency assessments for one of two new laboratory testing personnel (TP). The findings include: 1. Review of the CMS 209 form revealed that the laboratory director (LD) also performs the duties of TC and identified four TP responsible for hematology. During a discussion with the TC on November 20, 2024 at 10:30 AM regarding the CMS 209, TP #1, and #2 were identified as new TP since the previous inspection in January 2023. (See Personnel Code Sheet.) 2. During a review of personnel records, the surveyor noted the 2 new TP's initial hematology training and semi-annual competency as: TP #1 - February 2024, semi-annual competency documentation dated 7/2024; TP #2 - May 2023, no semi-annual competency documentation. The surveyor requested to view semi-annual competency assessment records for TP #2 documented in calendar year 2023. The laboratory provided no documentation for review. 3. Review of the laboratory's policies and procedures revealed a policy, "Section 2-Staff</p>

Training & Competency Testing, II. Competency Testing a. Will be performed by the technical consultant for each newly hired testing individual after successful completion of initial training for each test/instrument/test system, at 6 months of independent work and annually thereafter." 4. In an exit interview with the TC on November 20, 2024 at 11:55 AM, the findings were confirmed.