Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 49D2162175	**(X3) Date Survey Completed** 11/20/2025
Name of Provider or Supplier Lmg Cancer And Infusion Center	**Street Address, City, State** 19500 Sandridge Way Suite 450, Leesburg, 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 off-site CLIA proficiency testing (PT) desk review was conducted for LMG Cancer and Infusion Center on November 20, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The survey concluded with an interview with the Technical Consultant on November 20, 2025. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. The laboratory was found to be out of compliance with the following CONDITION LEVEL DEFICIENCIES: D2016 - 42 CFR. 493.803 Condition: Successful Participation, D6000 - 42 CFR. 493.1403 Condition: Laboratories performing moderate complexity testing- Laboratory Director.
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 a review of the Certification and Survey Provider Enhanced Reporting (CASPER 0155) report, the laboratory's proficiency testing (PT) records and interview, the laboratory failed to successfully participate within the Hematology specialty for the White Blood Cell (WBC) Differential analyte for two of three PT testing events. The laboratory had unsatisfactory WBC Differential scores for the first and third events of calendar year 2025. Refer to D2130.
D2130	HEMATOLOGY CFR(s): 493.851(f) (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 an off-site desk review of the Center for Medicaid and Medicare Services (CMS) CASPER 0155 report, the laboratory's proficiency testing (PT) records, and interview, the laboratory failed to attain a score of at least eighty percent (80%) of acceptable responses for White Blood Cell differential (WBC diff) for two (2) of three (3) Complete Blood Count (CBC) Hematology testing events resulting in an unsuccessful PT performance as reviewed on the date of the inquiry November 20, 2025. The findings include: 1. Review of the CMS CASPER 0155 report revealed the following 2 PT events with unsatisfactory scores: Hematology 2025 1st Event WBC diff - 0%; Hematology 2025 3rd Event WBC diff - 0%. 2. Desk review of the laboratory's College of America Pathologists (CAP) PT records on November 20, 2025, revealed WBC differential scores of less than 80% for the following hematology CBC events: CAP FH9-A Hematology Auto Differentials: White Blood Cell Differential scored 0%; CAP FH9-C Hematology Auto Differentials: White Blood Cell Differential scored 0%. resulting in an unsuccessful PT performance. 3. A telephone interview with the technical consultant on November 20, 2025, 10:05 AM confirmed the above findings.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on an off-site desk review of the Certification and Survey Provider Enhanced Reporting (CASPER 0155) report, the laboratory's 2025 proficiency testing (PT) records and interview, the laboratory director (LD) failed to provide overall management and ensure the overall quality of the laboratory services provided. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;

	This STANDARD is not met as evidenced by: Based on a review of the Certification and Survey Provider Enhanced Reporting (CASPER 0155) report, the laboratory's 2025 proficiency testing (PT) records, and interview, the laboratory director (LD) failed to ensure the overall quality of the laboratory services provided. The LD failed to ensure successful participation in their Health and Human Services (HHS) approved PT program. Refer to D2130.