

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D2164162	(X3) Date Survey Completed 08/12/2022
Name of Provider or Supplier Allcare Alexandria	Street Address, City, State 3117 Duke Street, Alexandria, 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 focused survey for compliance with SARS-CoV-2 test result reporting requirements was conducted remotely for Allcare Alexandria on August 12, 2022 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Initial interview and CMS Letter to Director for the Focused Survey was sent on August 5, 2022. Allcare Alexandria is performing SARS-CoV-2 (COVID-19) testing and is in compliance with the applicable COVID-19 reporting requirements.