

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D2168865	(X3) Date Survey Completed 04/05/2022
Name of Provider or Supplier Neighborhood Health	Street Address, City, State 8221 Willow Oaks Corporate Dr Ste 450, Fairfax, 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 Neighborhood Health (Fairfax) on April 5, 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 March 18, 2022. Neighborhood Health (Fairfax) is performing SARS-CoV-2 (COVID-19) testing and is in compliance with the applicable COVID-19 reporting requirements.