

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 49D2236124	(X3) Date Survey Completed 03/03/2022
Name of Provider or Supplier Burks Phlebotomy On The Go Llc	Street Address, City, State 7400 Beaufont Springs Drive Suite 300, Richmond, 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 at the Burks Phlebotomy on the Go LLC on 03/03/22 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 sent on 02/01/22. The laboratory is performing COVID-19 testing and is in compliance with the applicable COVID-19 reporting requirements