## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		49D2038943	B. WING			11/11/2020	
NAME OF PROVIDER OR SUPPLIER  PENINSULA MEDICAL CENTER FOR WOMEN				1	STREET ADDRESS, CITY, STATE, ZIP CODE 0758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG				(X5) COMPLETION DATE
D 000	was conducted at Pe	re CLIA recertification survey ninsula Medical Center for r 10, 2020 by the Virginia	DO	000			
	Department of Health Certification. The sur- interview on 11/5/202 conducted on 11/9/20	o's Office of Licensure and ovey included an entrance 10, virtual record review 120, and exit interview on ory was surveyed under 42					
D2005	Specific deficiencies of ENROLLMENT CFR(s): 493.801(a)(4		D20	005			11/16/20
	release to HHS all da  (i) Determine the this subpart; and  (ii) Make PT resurequired in section 35  Health Service A This STANDARD is r Based on a review of Summary (Report 00) (PT) documentation, Medicaid Services (Cenrollment document laboratory failed to re results to the regulate Medicare and Medica Virginia Department of 5 PT events review	e laboratory's compliance with  ults available to the public as 63(f)(3)(F) of the Public ct. not met as evidenced by: f the CASPER Survey 96D), proficiency testing Centers for Medicare and MS) 116 form, PT s, and interviews, the lease proficiency testing ory agencies of Centers for aid Services (CMS) and the of Health (VDH) for five (5)					
		preparation, the inspector ummary (Report 0096D) in					
LABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	I		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: VA22016293

12/01/2020

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	OULD BE COMPLETION		
D2005	Medical Center for of the Summary Refor calendar year 202. Review of the lab Proficiency Instituted documentation (2021-2; a total of 5 evereview, on 11/9/20, the facility's CLIA II inspector inquired or regarding documen with the API PT pro ID on reporting. The approximately 12 Nexplanation but will 3. Review of the lab confirmed that the I Peninsula Medical number as 49D203 10758 A Jefferson Virginia 23601.  4. The inspector reclaboratory's API eninyear 2019 and 2020 enrollment confirmal laboratory provided 49D0226811 for Pet Women with shipping Jefferson Avenue North The LD stated on 1 PM, "Yes, the profice in the same profice of the Summary Review of the laboratory provided 49D0226811 for Pet Women with shipping Jefferson Avenue North PM, "Yes, the profice of the Summary Review of the LD stated on 1 PM, "Yes, the profice of the Summary Review of the Summary Review of the laboratory in the LD stated on 1 PM, "Yes, the profice of the Summary Review of the Institute of t	am database for Peninsula Women, 49D2038943. Review sport revealed no PT scores 019 and year to date 2020.  Poratory's American (API) immunohematology PT 19 Events 1-3, 2020 Events ents) during the facility's record revealed that API recorded 0 as 49D0226811. The 10 fthe laboratory director (LD) 10 station of contact/enrollment 10 gram and the discrepant CLIA 10 eLD stated on 11/9/20, at 10 not have an 10 need to look into this matter".  10 poratory's CMS 116 form 10 acknowledged that 11 Center for Women CLIA 12 Seya and physical address 13 Avenue Newport News, 14 Quested to review the 15 rollment forms for calendar 16 Review of the API order 17 ations revealed that the	D20	005				
	5. In an exit intervie	ew with the LD, on 11/11/20 at						

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D2005	, ,	e 2 PM, the above findings were	D20	005			