

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0667825	(X3) Date Survey Completed 08/12/2026
Name of Provider or Supplier Snellville Pediatrics	Street Address, City, State 1700 Tree Lane Rd Suite 110, Snellville, GA	
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	A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on August 12, 2026. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D2010	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(2) (b)(2) The laboratory must test samples the same number of times that it routinely tests patient samples. This STANDARD is not met as evidenced by: Based on the review of the standard operators procedure manual (SOP), American Association of Bioanalyst (AAB) proficiency testing (PT) records, and staff interview, the laboratory failed to follow the SOP to analyze each PT sample the same as patient samples. Findings: 1. Review of the SOP procedure labeled "Quality Assurance Program" section labeled "Proficiency Testing" states "PT samples are tested and ran consistantly as patient specimens for our Complete Blood Count (CBC) test." 2. Review of the AAB PT records for 2025 Events 1, 2, &3 and 2026 Events 1&2 revealed the samples were ran multiple times on multiple days by each testing personnel. 3. Interview with TP #1 (CMS 209 form) on 8/12/26 at 12:22 PM in the breakroom confirmed the findings above.
D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

	This STANDARD is not met as evidenced by: Based on review of testing personnel (TP) documents and staff interview , the technical consultant failed to perform semiannual competency on all testing personnel. Findings: 1. Review of TP competency documents revealed the lack of semi-annual competency on 2 of 9 TP (CMS 209) ; TP #8 & TP #9 did not have the semi annual competencies. 2. Interview with TP #1 (CMS 209) on 8/12/26 at 12:02 PM in the breakroom confirmed the finding above. .
D6054	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Thereafter, evaluations must be performed at least annually This STANDARD is not met as evidenced by: Based on review of testing personnel(TP) documents and staff interview , the technical consultant failed to perform annual competency on all testing personnel. Findings: 1. Review of TP competency documents revealed 7 of 9 TP (CMS 209) failed to have annual competency performed for the year of 2025. 2. Interview with TP #1 (CMS 209) on 8/12/26 at 12:02 PM in the breakroom confirmed the finding above.