

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0724464	(X3) Date Survey Completed 08/14/2025
Name of Provider or Supplier North Atlanta Pediatric Associates Pc	Street Address, City, State 1100 Lake Hearn Drive, #100, Atlanta, 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 Aug. 14, 2025. 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:
D5437	<p>CALIBRATION AND CALIBRATION VERIFICATION CFR(s): 493.1255(a)</p> <p>(a)Unless otherwise specified in this subpart, for each applicable test system the laboratory must perform and document calibration procedures-- (a)(1) Following the manufacturer's test system instructions, using calibration materials provided or specified, and with at least the frequency recommended by the manufacturer; (a)(2) Using the criteria verified or established by the laboratory as specified in 493.1253(b)(3)-- (a)(2)(i) Using calibration materials appropriate for the test system and, if possible, traceable to a reference method or reference material of known value; and (a)(2)(ii) Including the number, type, and concentration of calibration materials, as well as acceptable limits for and the frequency of calibration; and (a)(3) Whenever calibration verification fails to meet the laboratory's acceptable limits for calibration verification.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of the Horiba Micros 60 calibration documents and staff interview, the laboratory failed to calibrate the Horiba Micros 60 analyzer at the frequency required by the manufacturer. Findings: 1. A review of the available calibration documents presented revealed no calibration was performed on February 2024 or Aug. 2024. The Horiba Micros 60 was calibrated only on dates 8/1/23 and 4/30/25. 2. An interview with testing personnel #1 (see CMS 209) on 8/14/25 at 12:30 pm in the lab director's office, confirmed the aforementioned finding.</p>
D6018	LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(4)(iii)

(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratory's performance and to identify any problems that require corrective action; and

This STANDARD is not met as evidenced by:

Based on review of the laboratory's American Proficiency Institute (API) proficiency testing (PT) records and staff interview, the Laboratory Director (LD) failed to ensure PT results were reviewed upon receipt from the PT agency. Findings include: 1. A review of the API PT records for 2023 and 2024 revealed the LD failed to document results review for 2023 event #3 through 2024 event #3. 2. An Interview with the TP # 1 (see CMS 209) on August 14, 2025 at 12:35 pm in the LD's office confirmed the aforementioned finding.