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|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|
| Statement of Deficiencies                                                                                                  | (X1) Provider/Supplier/CLIA Identification Number<br><br>11D1080883      | (X3) Date Survey Completed<br><br>07/14/2026 |
| Name of Provider or Supplier<br><br>Primary Pediatrics Of Wr                                                               | Street Address, City, State<br><br>6082 Lakeview Road, Warner Robins, 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                                                                                                                                                                                                                                       |
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| D0000              | A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on July 14, 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: |