Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D1083380	**(X3) Date Survey Completed** 04/28/2025
Name of Provider or Supplier Atlanta Family Physicians Pc	**Street Address, City, State** 3424 Flat Shoals Road, Decatur, 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 April 28, 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:
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) Proficiency Testing (PT) documents and staff interview, the laboratory failed to document corrective actions for missed or failed scores in Immunology. Findings: 1. Review of the immunology analytes revealed the API 2024 event #1 Immunoglobulin E (IGE) scored as 98% (sample ALL-04 result was unacceptable for tree pollen)--no corrective actions documented. 2. Review of the immunology analytes revealed the API 2024 event #2 Immunoglobulin E (IGE) scored as 98% (sample ALL-10 result was unacceptable for Sycamore tree pollen)--no corrective actions documented. 3. Interview with TP# 1 (CMS 209) on 4/28/25 at 12:00 PM in the lab confirmed the findings above.
D6032	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14) (e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.

	This STANDARD is not met as evidenced by: Based on review of the laboratory policy and procedure manual (SOP) and testing personnel (TP) interview, the laboratory director (LD) failed to specify, in writing the duties and responsibilities of the Clinical Consultant (CC). Findings include: 1. SOP review revealed the LD failed to specify in writing the duties and responsibilities of the CC (CMS 209). 2. Interview with TP#1 (CMS 209) in break room on 4/28/25 at approximately 11:30 AM confirmed the SOP did not contain a duties and responsibilities policy and procedure for the CC.