Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D2019518	02/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
Northeast Georgia Physicians Group	1439 Jesse Jewell Parkway, Gainesville, 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 February 18, 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 API (American Proficiency Institute) PT records review and staff interview, the laboratory failed to document corrective action plan for the Specialty of Hematology in the laboratory in 2025. Findings: 1. A 2025 review of API (PT) results revealed Event #2 of 2025, the clinic scored 80% on Blood Cell Identification. Event #3 of 2025, the clinic scored 80% for Erythrocyte Count and Hematocrit. There were no corrective actions documented by the testing personnel or checked by the laboratory director for scores below 100%. 4. An interview with the laboratory coordinator, on 02/18/2026, at approximately 12:40 PM, in the review room, confirmed the aforementioned findings in 2025.
D6004	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(a)(b) The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (a) The laboratory director, if qualified, may perform the duties of the technical consultant, clinical consultant, and testing personnel, or delegate these responsibilities to personnel

	meeting the qualifications of 493.1409, 493.1415, and 493.1421, respectively. (b) If the laboratory director reapportions performance of his or her responsibilities, he or she remains responsible for ensuring that all duties are properly performed. This STANDARD is not met as evidenced by: Based on API (PT) records review and interview with the staff, the laboratory director failed to ensure that ALL pre analytic, analytic and post analytic Quality Assurance (QA) guidelines were followed to identify and fix problems in the laboratory in 2025 as required by Clinical Laboratory Improvement Amendments (CLIA). Findings: 1. A review of 2025 API (PT) documents review revealed the lab director failed to identify and perform corrective action on proficiency scores below 100% for the second and third events in the specialty of Hematology in 2025. 2. An interview, with the laboratory coordinator, in the review room, on 02/18/2026, at approximately 12:30 PM confirmed the lab director failed to ensure Proficiency Testing oversight of the laboratory.