| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 11D2051284 | 11/19/2025 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Eastman Pediatric Clinic Dba New Life Pediatrics | 33 South 2nd Avenue, Mc Rae, 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 November 19, 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: |
| **D5449** | CONTROL PROCEDURES<br>CFR(s): 493.1256(d)(3)(ii)(g)<br><br>(d)(3)(ii) Each qualitative procedure, include a negative and positive control material;<br><br>This STANDARD is not met as evidenced by:<br>A review of 2023 - 2025 Quality Control Records confirmed that the laboratory failed to perform quality control for procedures as described by the manufacturer. THE FINDINGS INCLUDE: 1. A review of the manufacturer's requirements for the Taxo A Disc Throat Culture screen confirmed that 2 levels of quality controls should be run along with each batch of cultures plated. 2. A review of the 2023 - 2025 Quality Control Records revealed that documentation of the required controls were not appropriately performed for the Throat Culture screening procedure. 4. An exit interview, with Laboratory Staff, on November 19, 2025, at 3:00pm, in the breakroom, confirmed that the laboratory failed to perform quality control procedures, as required by the manufacturer, for the Taxo A Disc Throat Culture screen. |
| **D6020** | LABORATORY DIRECTOR RESPONSIBILITIES<br>CFR(s): 493.1407(e)(5)<br><br>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur; |

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|---|---|
| | This STANDARD is not met as evidenced by:<br>A review of 2023 - 2025 Quality Assurance Records and the 2023 - 2025 Quality Control Records confirmed that the Laboratory Director failed to ensure that the quality control and quality assessment programs were established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. Reference D5449 |