Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	11D2283159	05/26/2026
Name of Provider or Supplier	**Street Address, City, State**	
Gabriel Primary Care	101 Gateway Drive, Macon, 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	An initial Clinical Laboratory Improvement Amendments (CLIA) survey was completed on May 26, 2026. The laboratory was not in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited:
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based on review of the American Proficiency Institute (API) profiency test (PT) records and interview with the laboratory technical consultant (TC) , the laboratory testing personnel and lab director failed to attest that PT samples were tested in the same manner as patient specimens. Findings: 1. Review of the API PT records revealed the lack of required signatures on the attestation statements on 2025 event 3-Hematology and 2025 event 3- Chemistry. 2. Interview with the TC (CMS 209) on 6 /26/26 at 2:30 PM in the review office space confirmed the aforementioned finding.
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 laboratorys 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 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. Review of PT records for 2025 chemistry event 3 revealed the LD failed to review and sign the results after receipt. 2. Interview with the technical consultant (CMS 209) on 5/26/26 at 2:30 pm in the review office area, confirmed 2025 chemistry event 3 results were not reviewed and signed after receipt.