Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D2184717	**(X3) Date Survey Completed** 07/10/2024
Name of Provider or Supplier Pediatric Associates	**Street Address, City, State** 1920 Lakeland Hills Blvd, Lakeland, FL	

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 onsite recertification survey conducted 07/10/2024, found the Pediatric Associates laboratory in compliance with 42 CFR Part 493, Requirements for Laboratories.