

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0978199	(X3) Date Survey Completed 03/31/2022
Name of Provider or Supplier Middle Georgia Pediatrics Llc	Street Address, City, State 1508 B Hardeman Avenue, Attn Michelle Kelly, 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	A proficiency testing desk review was completed on March 2, 2022. At the time of the review, the laboratory was not in compliance with the Clinical Laboratory Improvement Amendments of 1988, 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited: