

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D0987497	<b>(X3) Date Survey Completed</b>  07/03/2019
<b>Name of Provider or Supplier</b>  Promise Pediatrics	<b>Street Address, City, State</b>  375 Boynton Drive, Ringgold, GA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Based on a CLIA Recertification Survey performed on July 3, 2019, this facility was found to be in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. Based on a CLIA Recertification Survey performed on May 23, 2019, this facility was found to be in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.