

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D1091184	(X3) Date Survey Completed 03/10/2020
Name of Provider or Supplier Miles Family Medicine Llc	Street Address, City, State 1605 Highway 34 E Suite A2, Newnan, 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
D1001	<p>CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e)</p> <p>Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>