Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D2044019	**(X3) Date Survey Completed** 07/16/2026
Name of Provider or Supplier Southeast Georgia Pediatrics, Llc	**Street Address, City, State** 1701 D Boulevard Square, Waycross, 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 Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on July 16, 2026. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited: A Clinical Laboratory Improvement Amendments (CLIA) recertification survey was completed on July 16, 2026. The laboratory was not in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. The following deficiencies were cited: