Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0858180	(X3) Date Survey Completed 02/08/2018
Name of Provider or Supplier Milton Pediatric Associates, Llc	**Street Address, City, State** 340 Wood Rd, Braintree, MA	
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	