Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0989851	02/27/2018
Name of Provider or Supplier	**Street Address, City, State**	
Jackson Pediatric Associates	297 Hwy 51 Suite B, Ridgeland, MS	

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
No Tags	No deficiency details available.