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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 34D0241986 | (X3) Date Survey Completed 03/07/2018 |
| Name of Provider or Supplier Greenville Pediatric Services, Inc | Street Address, City, State 300 Bethesda Drive, Greenville, NC | |
| 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 | The Greenville Pediatric Services, Inc. laboratory was found in compliance with 42 CFR Part 493 Requirements for Laboratories as a result of an on-site survey performed on 03/07/18. |