

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D0230875	<b>(X3) Date Survey Completed</b>  01/15/2020
<b>Name of Provider or Supplier</b>  Chester Pediatrics	<b>Street Address, City, State</b>  4707 Buckingham Ct, Chester, VA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	An announced CLIA Recertification survey was conducted at the Chester Pediatrics on January 15, 2020 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Requirements. Chester Pediatrics is in compliance with the applicable Conditions and Standards under 42 CFR part 493-CLIA Regulations.