

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0304601	(X3) Date Survey Completed 01/11/2018
Name of Provider or Supplier Clay County Hospital Laboratory	Street Address, City, State 83825 Highway 9, 1st Floor South Hall, Ashland, AL	
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.