

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D2168968	<b>(X3) Date Survey Completed</b>  01/09/2020
<b>Name of Provider or Supplier</b>  Pathway Healthcare- Alabama Llc	<b>Street Address, City, State</b>  1005 West Market St Suite 8, Athens, AL	
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>	The surveyor determined this laboratory is in substantial compliance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). SURVEYOR ID #32558 Licensure and Certification Surveyor