

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  02D0641002	<b>(X3) Date Survey Completed</b>  03/31/2021
<b>Name of Provider or Supplier</b>  Kodiak Area Native Association	<b>Street Address, City, State</b>  3449 E Rezanof Drive, Kodiak, AK	
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 laboratory is in substantial compliance with CLIA regulation (42 CFR, Part 493, effective April 24, 2003). No deficiencies were cited.