Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D0919172	(X3) Date Survey Completed 11/22/2021
Name of Provider or Supplier Women's Care Of Alaska	**Street Address, City, State** 2741 Debarr Road Suite C205, Anchorage, AK	
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 laboratory is in substantial compliance with CLIA regulation (42 CFR, Part 493, effective April 24, 2003). No deficiencies were cited.