

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 02D2126621	(X3) Date Survey Completed 08/15/2018
Name of Provider or Supplier Mat-Su Urgent Care	Street Address, City, State 209 W Evergreen Ave, Ste B, Palmer, 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.