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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>04D2002234           | <b>(X3) Date Survey Completed</b><br><br>08/08/2018 |
| <b>Name of Provider or Supplier</b><br><br>Chi St Vincent Medical Group Hot Springs  | <b>Street Address, City, State</b><br><br>One Mercy Lane, Suite 506, Hot Springs, AR |   |
| 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>   |
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| <b>D0000</b>              | CHI St. Vincent Medical Group Hot Springs MOB FP laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements. |