Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2033177	11/12/2020
Name of Provider or Supplier	**Street Address, City, State**	
Nw Arkansas Pathology Associates - Mhcb Surgery	3101 Se 14th Street, Bentonville, AR	

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	Northwest Arkansas Pathology Associates Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.