Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2084417	03/01/2018
Name of Provider or Supplier	**Street Address, City, State**	
Pathology Partners, Llc	11904 Kanis Road, Suite H8, Little Rock, 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
No Tags	No deficiency details available.