Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2041127	(X3) Date Survey Completed 12/18/2019
Name of Provider or Supplier Gastroenterology Group Of Naples Pa	**Street Address, City, State** 1064 Goodlette Rd, Naples, FL	
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	An announced recertification survey was conducted on 12/18/19 at Gastroenterology Group of Naples Pa, a clinical laboratory in Naples, Florida. Gastroenterology Group of Naples Pa is in compliance with Code of Federal Regulations (CFR), Part 493, requirements for clinical laboratories.