

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2096689	(X3) Date Survey Completed 03/15/2022
Name of Provider or Supplier Apls Services Llc D/B/A Clear Diagnostics	Street Address, City, State 708 E Tarpon Ave, Tarpon Springs, 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 unannounced complaint survey, #2022001509, was conducted on 03/15/22 at APLS Services LLC dba Clear Diagnostics. The facility was in compliance with 42 CFR 493, Requirement for clinical laboratories.