

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2131894	(X3) Date Survey Completed 11/20/2018
Name of Provider or Supplier K Wade Foster Md Pa	Street Address, City, State 836 Cr 466, Lady Lake, 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	A Recertification survey was conducted on November 20, 2018. K Wade Foster MD PA was found in compliance with 42 CFR 493, requirements for clinical laboratories.