

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2184443	<b>(X3) Date Survey Completed</b>  06/11/2021
<b>Name of Provider or Supplier</b>  American Family Care	<b>Street Address, City, State</b>  2501 E Hallandale Beach Blvd, Hallandale Beach, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A remote special focused COVID 19 survey was conducted on 6/11/2021 at AMERICAN FAMILY CARE, a clinical laboratory. The laboratory was in compliance with Code of Federal Regulations (CFR), Part 493, requirements of clinical laboratories.