

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2208966	(X3) Date Survey Completed 06/14/2022
Name of Provider or Supplier Bioreference Health, Llc	Street Address, City, State 1901 Se 32nd St, Fort Lauderdale, 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 remote COVID-19 special reporting survey was completed on 6/09/2022 to 6/14/2022. Bioreference Health LLC was in compliance with 42 CFR Part 493, Requirements for Laboratories