

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2273836	(X3) Date Survey Completed 07/28/2023
Name of Provider or Supplier Healthcare Colleagues Pa	Street Address, City, State 411 Maitland Ave Suite 1001, Altamonte 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 initial certification survey was conducted on July 28, 2023. Healthcare Colleagues PA clinical laboratory was in compliance with 42 CFR 493, requirements for clinical laboratories.