

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0262875	(X3) Date Survey Completed 05/08/2024
Name of Provider or Supplier Augusta Oncology Associates P C	Street Address, City, State 3696 Wheeler Road, Augusta, GA	
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	Based on a CLIA Recertification Survey performed on May 08, 2024, this facility was found to be in compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.