

| | | |
|--|--|---|
| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 11D2215946 | (X3) Date Survey Completed 12/13/2024 |
| Name of Provider or Supplier Wellstar Mcg Health Aircare | Street Address, City, State 1501 Aviation Way, 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 Initial Certification Survey performed on December 13, 2024, this facility was found to be compliance with all applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780. |