

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D0520973	(X3) Date Survey Completed 06/13/2022
Name of Provider or Supplier Ashton Medical Clinic	Street Address, City, State 23 S 8th St, Ashton, ID	
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	The laboratory was found to be in substantial compliance with CLIA regulations (42 CFR 493.41, COVID-19 reporting requirements). No deficiencies were cited.