

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2192101	(X3) Date Survey Completed 09/28/2022
Name of Provider or Supplier Oneida County Long-Term Care	Street Address, City, State 150 North 200 West, Malad City, 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.