Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0358291	(X3) Date Survey Completed 06/05/2019
Name of Provider or Supplier Lutheran Hospital Of Indiana	**Street Address, City, State** 7950 West Jefferson Boulevard, Fort Wayne, IN	
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, effective April 24, 2003). No deficiencies were cited.