

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 16D0387331	<b>(X3) Date Survey Completed</b> 03/30/2021
<b>Name of Provider or Supplier</b> Klein Center	<b>Street Address, City, State</b> 1307 S Gear Avenue, West Burlington, IA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The laboratory was found to be in substantial compliance with the CLIA regulations (42 CFR Part 493, effective April 24, 2003). No deficiencies were cited.