

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0387556	(X3) Date Survey Completed 08/30/2018
Name of Provider or Supplier Bettendorf Healthplex Lab	Street Address, City, State 2140 53rd Avenue, Bettendorf, IA	
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
No Tags	No deficiency details available.