Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 16D2200229	**(X3) Date Survey Completed** 03/15/2021
Name of Provider or Supplier Everside Health Llc Local 145	**Street Address, City, State** 4624 Progress Dr, Suite A, Davenport, 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
D0000	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.