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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 16D2209762 | (X3) Date Survey Completed 03/24/2021 |
| Name of Provider or Supplier Hy-Vee Clinic Pharmacy #1628 | Street Address, City, State 1012 Okoboji Ave, Milford, IA | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (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. |