

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D2224777	(X3) Date Survey Completed 04/25/2022
Name of Provider or Supplier Qv Urgent Care Ia Pllc	Street Address, City, State 1817 1st Ave E, Newton, 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.