Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 16D2246642	**(X3) Date Survey Completed** 04/18/2022
Name of Provider or Supplier Buena Vista County Public Health & Home Care	**Street Address, City, State** 1709 E Richland St, Storm Lake, 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.