

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0046794	(X3) Date Survey Completed 01/30/2019
Name of Provider or Supplier Lafene Health Center	Street Address, City, State 1105 Sunset Ave, Manhattan, KS	
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	LaFene Health center Laboratory was found to be in substantial compliance with 42 CFR part 493, requirements for laboratories as a result of an on site survey on January 30, 2019