

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0452482	<b>(X3) Date Survey Completed</b>  05/21/2019
<b>Name of Provider or Supplier</b>  Lindsborg Community Hospital	<b>Street Address, City, State</b>  605 West Lincoln, Lindsborg, KS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Lindsborg Community Hospital's Laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite inspection on 21 May 2019.