Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 17D0949025	**(X3) Date Survey Completed** 07/21/2022
Name of Provider or Supplier Olathe Health Family Medicine Gardner	**Street Address, City, State** 29475 West 189th Terrace, Gardner, 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	Olathe Health Family Medicine - Gardner laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite survey on July 21, 2022.