

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D2147750	<b>(X3) Date Survey Completed</b>  11/12/2025
<b>Name of Provider or Supplier</b>  Mawd Pathology Group Pa	<b>Street Address, City, State</b>  1201 Corporate Drive, Parsons, 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>	MAWD Pathology Group PA laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite recertification survey on November 12, 2025.