

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D2190148	(X3) Date Survey Completed 07/31/2024
Name of Provider or Supplier Kansas Pathology Services, Llc Wichita	Street Address, City, State 8201 E 34th Circle N, Suite 1305, Wichita, 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	Kansas Pathology Services, LLC Wichita 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 31, 2024.