

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D2213128	<b>(X3) Date Survey Completed</b>  12/16/2021
<b>Name of Provider or Supplier</b>  Octapharma Plasma Inc	<b>Street Address, City, State</b>  6731 W Central Ave, Wichita, 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>	Octapharma Plasma, Inc. laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite survey on 16 December 2021.