

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0321701	(X3) Date Survey Completed 06/26/2025
Name of Provider or Supplier U Of L Physicians After Hours Program	Street Address, City, State 5129 Dixie Highway, Suite 100, Louisville, KY	
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	A recertification survey was initiated on 06/26/2025 and concluded on 06/26/2025. The facility was found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.