

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0323770	(X3) Date Survey Completed 03/22/2021
Name of Provider or Supplier East Bernstadt Medical Clinic	Street Address, City, State 2659 N Laurel Rd, East Bernstadt, 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	On 03/22/2021 this facility was surveyed and found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.