

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D0323855	<b>(X3) Date Survey Completed</b>  12/20/2023
<b>Name of Provider or Supplier</b>  Harlan Arh	<b>Street Address, City, State</b>  81 Ballpark Road, Harlan, KY	
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>	A Recertification Survey was initiated on 12/19/2023 and concluded on 12/20/2023. The facility was found to be in compliance with the laboratory requirements of 42 CFR Part 493.