

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0324174	(X3) Date Survey Completed 08/07/2020
Name of Provider or Supplier Tri-State Gastroenterology	Street Address, City, State 425 Centre View Blvd, Crestview Hills, 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 August 7, 2020, this facility was surveyed and found to comply with the laboratory requirements of 42 CFR Part 493 with no deficiencies.