

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  18D0325229	<b>(X3) Date Survey Completed</b>  01/25/2022
<b>Name of Provider or Supplier</b>  Hazard Arh Regional Medical Center	<b>Street Address, City, State</b>  100 Medical Center Drive, Hazard, 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>	On 01-24-2022 and 01-25-2022, this facility was surveyed and found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.