Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 18D0326926	**(X3) Date Survey Completed** 01/19/2018
Name of Provider or Supplier Elizabethtown Hematology Oncology	**Street Address, City, State** 1107 Woodland Drive Suite 105, Elizabethtown, 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 January 19, 2018, this facility was surveyed and found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.