

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0648509	(X3) Date Survey Completed 01/24/2024
Name of Provider or Supplier Appalachian Regional Healthcare Reference	Street Address, City, State 103 Medical Ctr Dr, Hazard, 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	A Recertification Survey was initiated on 01/23/2024 and concluded on 01/24/2024. The facility was found to be in compliance with the laboratory requirements of 42 CFR Part 493.