

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D1091014	(X3) Date Survey Completed 10/01/2020
Name of Provider or Supplier Corbin Rural Health Care	Street Address, City, State 15139 North Us 25e, Corbin, 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 October 1, 2020 this facility was surveyed and found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.