

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 18D2090593	<b>(X3) Date Survey Completed</b> 07/23/2025
<b>Name of Provider or Supplier</b> Morehead Pediatrics	<b>Street Address, City, State</b> 130 New Towne Square, Morehead, 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>	A recertification survey was conducted on 07/23/2025. The facility was found to be in compliance with the laboratory requirements of 42 CFR Part 493 with no deficiencies.