

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D2203945	(X3) Date Survey Completed 05/05/2021
Name of Provider or Supplier Shieldt3 Llc	Street Address, City, State 120 Family Circle, Georgetown, 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 May 5, 2021, this facility was surveyed and found to comply with the laboratory requirements of 42 CFR Part 493 with no deficiencies.