Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D2268000	(X3) Date Survey Completed 04/10/2024
Name of Provider or Supplier Big Sandy Community Health Center	**Street Address, City, State** 246 Ky Route 979, Harold, 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	An Initial Survey was initiated on 04/10/2024 and concluded on 04/10/2024. The facility was found to be in compliance with the laboratory requirements of 42 CFR Part 493.