

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D1075961	(X3) Date Survey Completed 05/10/2021
Name of Provider or Supplier Glade Valley Center	Street Address, City, State 56 W Frederick Street, Walkersville, MD	
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	The laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid-approved and CLIA-certified laboratories.