Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D0945040	(X3) Date Survey Completed 01/25/2018
Name of Provider or Supplier Four Women Health Services Llc	**Street Address, City, State** 150 Emory Street, Attleboro, MA	
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	A CLIA recertification survey was conducted for the FOur Women Health Services, LLC laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. The laboratory was found to be in full compliance with applicable CLIA requirements.