

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2035129	<b>(X3) Date Survey Completed</b>  02/13/2024
<b>Name of Provider or Supplier</b>  Corewell Health Reference Laboratory West	<b>Street Address, City, State</b>  35 Michigan Street Ne, Grand Rapids, MI	
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>	The purpose of this unannounced survey was for complaints MI00142225 and MI00142635. The Department of Licensing and Regulatory Affairs has evaluated this facility and determined that it is in compliance with CLIA regulations (42 CFR Part 93, effective April 24, 2003).