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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>23D2164027 | <b>(X3) Date Survey Completed</b><br><br>12/18/2019 |
| <b>Name of Provider or Supplier</b><br><br>Csl Plasma, Inc   | <b>Street Address, City, State</b><br><br>1040 E Hill Rd, Grand Blanc, 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>   |
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| <b>D0000</b>              | The CSL Plasma, INC laboratory was found to be in substantial compliance with CLIA regulations (42 CFR Part 93, effective April 24, 2003). No deficiencies were cited. |