

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D0908282	(X3) Date Survey Completed 11/19/2019
Name of Provider or Supplier Olmsted Medical Center-Preston Office	Street Address, City, State 405 Kansas St Nw, Preston, MN	
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 Olmsted Medical Center laboratory was found to be in substantial compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493, effective April 24, 2003) upon completion of the validation survey performed on November 19, 2019. No deficiencies were cited.