Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 24D1091444	**(X3) Date Survey Completed** 08/18/2026
Name of Provider or Supplier Shakopee Dakota Mystic Clinic	**Street Address, City, State** 15000 Mystic Center Drive, Prior Lake, 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 Shakopee Dakota Mystic Clinic 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) upon completion of the recertification survey performed on August 18, 2026. No deficiencies were cited.