

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D2124372	(X3) Date Survey Completed 07/22/2022
Name of Provider or Supplier Medexpress Urgent Care - Cloquet	Street Address, City, State 707 Highway 33 South Suite 19, Cloquet, 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 MEDEXPRESS - CLOQUET 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 SARS-CoV-2 reporting survey performed on 7/22/22. No deficiencies were cited.