

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  24D2230398	<b>(X3) Date Survey Completed</b>  10/03/2022
<b>Name of Provider or Supplier</b>  Walgreens #03293	<b>Street Address, City, State</b>  9273 Lake Dr, Circle Pines, MN	
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 WALGREENS #03293 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 10/3/22. No deficiencies were cited.