

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2119763	(X3) Date Survey Completed 01/09/2018
Name of Provider or Supplier Labpartners, Llc	Street Address, City, State 2050 Treetops Blvd N, Ste 140, Flowood, MS	
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	A revisit survey (completed onsite and by mail) was conducted on 02/13/2018 for all previous deficiencies cited on 07/25/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.