

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 26D0442414	<b>(X3) Date Survey Completed</b> 07/11/2024
<b>Name of Provider or Supplier</b> Campbell Medical Clinic	<b>Street Address, City, State</b> 413 West Grand, Campbell, MO	
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 Campbell Medical Clinic laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite survey July 10, 2024.