

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  26D0862932	<b>(X3) Date Survey Completed</b>  03/05/2024
<b>Name of Provider or Supplier</b>  Csl Plasma, Inc	<b>Street Address, City, State</b>  1536 S Glenstone, Springfield, 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 CSL Plasma, Inc. laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an onsite survey March 5, 2024.