Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	27D0937735	05/05/2021
Name of Provider or Supplier	**Street Address, City, State**	
One Health Livingston	112 W Lewis St, Livingston, MT	

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	During the Public Health Emergency, as defined in 400.200 of this chapter, each laboratory that performs a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (hereinafter referred to as a "SARS-CoV-2 test") must report SARS-CoV-2 test results to the Secretary in such form and manner, and at such timing and frequency, as the Secretary may prescribe. Based on a remote special focused survey conducted on May 5, 2021, Community Health Partners in Livingston, MT was found to be in substantial compliance with the CLIA Condition-level regulation (42 CFR 493.1100(a)) pertaining to COVID-19 reporting requirements. No deficiencies were cited.