

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 28D2013335	<b>(X3) Date Survey Completed</b> 08/24/2021
<b>Name of Provider or Supplier</b> Walgreens #04754	<b>Street Address, City, State</b> 8380 Harrison Street, Lavista, NE	
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 Laboratory was found to be in substantial compliance with CLIA regulations. No deficiencies were cited.