

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D0876062	(X3) Date Survey Completed 12/01/2020
Name of Provider or Supplier Carson Valley Health	Street Address, City, State 1107 Us Highway 395 N, Gardnerville, NV	
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	This Statement of Deficiencies was generated as a result of the onsite CLIA recertification survey conducted at your facility on 12/01/2020. The laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.