Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D2065859	(X3) Date Survey Completed 03/15/2023
Name of Provider or Supplier Huntridge Family Clinic	**Street Address, City, State** 1820 E Sahara Ave Suite 201, Las Vegas, 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 created as a result of an off-site CLIA special focused survey of laboratories with a Certificate of Waiver (CoW) for the purpose of determining compliance with the new CLIA Condition-level regulation (42 CFR 493.41) pertaining to COVID-19 reporting requirements on March 15, 2023. The laboratory was found to be in compliance with 42 CFR 493.41. The findings and conclusions of any investigations 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.