

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 29D2185205	(X3) Date Survey Completed 09/08/2020
Name of Provider or Supplier Walgreens 12271	Street Address, City, State 2427 S Las Vegas Blvd Suite 100, 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 on-site CLIA complaint investigation survey conducted at your facility on September 8, 2020. The complaint was found to be unsubstantiated. 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.