

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D1077595	<b>(X3) Date Survey Completed</b>  03/12/2018
<b>Name of Provider or Supplier</b>  Wake Forest Health Network Family	<b>Street Address, City, State</b>  5710-I West Gate City Boulevard, Greensboro, NC	
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>	Revisit survey found the deficiencies cited during the 6/26/17 on-site survey are corrected and lab is in compliance with 42 CFR Part 493 Requirements for Laboratories.