

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D2044957	<b>(X3) Date Survey Completed</b>  05/08/2025
<b>Name of Provider or Supplier</b>  Regional Medical Oncology Center	<b>Street Address, City, State</b>  2624 Ortho Drive, Wilson, 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>	The Regional Medical Oncology Center laboratory was found in compliance with 42 CFR Part 493 Requirements for Laboratories as a result of an on-site survey performed May 08, 2025.