

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 35D0408554	(X3) Date Survey Completed 10/07/2024
Name of Provider or Supplier Pembina County Memorial Hospital	Street Address, City, State 301 Mountain St E, Cavalier, ND	
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	An on-site, unannounced complaint survey conducted on October 7, 2024, found the laboratory in compliance with the Clinical Laboratory Improvement Amendments standard found at 42 CFR, Part 493.1242(a)(7).