

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0179908	(X3) Date Survey Completed 08/24/2021
Name of Provider or Supplier Robert C Heslop Md Laboratory	Street Address, City, State 3515 Washington Rd, Mc Murray, PA	
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 facility is in compliance with 42 CFR 493.