

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0657582	(X3) Date Survey Completed 12/11/2024
Name of Provider or Supplier Angeline Elizabeth Kirby Memorial Hlth Ctr	Street Address, City, State 71 North Franklin Street, Wilkes Barre, 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	An onsite recertification survey conducted on December 11, 2024, found the Angeline Elizabeth Kirby Memorial Health Center laboratory in compliance with 42 CFR Part 493, Requirements for Laboratories.