Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 40D0908416	**(X3) Date Survey Completed** 01/11/2023
Name of Provider or Supplier Laboratorio Clinico April Gardens	**Street Address, City, State** Ramal 917 Km 0 Hm 1 Bo Tejas, Las Piedras, PR	
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	The laboratorio Clnico April Gardens was found to be in substantial compliance with CLIA regulations (42 CFR Part 493, effective April 24, 2003). No deficiencies were cited as a result of an onsite survey performed on January 11, 2023.