

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 42D1096949	(X3) Date Survey Completed 04/09/2025
Name of Provider or Supplier Carolinas Physicians Network Inc DbA Atrium Health	Street Address, City, State 7666 Charlotte Hwy., Indian Land, SC	
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	A Offsite/Paper revisit surey was conducted on April 9, 2025, at the Carolina Physicians Network - Carolina Lake Internal Medicine. The facility was found to be in compliance with 42 CFR Part 493, CLIA Requirements for Laboratories. All deficiencies cited as a result of the recertification survey on the February 4, 2025. were found to be corected. No new deficiencies were discovered as a result of the revisit survey.
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: