Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0688158	(X3) Date Survey Completed 09/23/2024
Name of Provider or Supplier Tennessee Valley Urology Center Pc	**Street Address, City, State** 400 Berywood Trail Nw, Suite B, Cleveland, TN	
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 Tennessee Valley Urology Center P.C. laboratory was found to be in compliance with the requirements at 42 CFR, Part 493, 'Requirements for Laboratories' as a result of an onsite survey on 09.23.2024.