

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0717554	<b>(X3) Date Survey Completed</b>  01/25/2022
<b>Name of Provider or Supplier</b>  Holston Medical Group-Fort Henry	<b>Street Address, City, State</b>  4848 Fort Henry Drive, Kingsport, TN	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	===== The Holston Medical Group- Fort Henry laboratory was found to be in compliance with the requirements at 42 CFR, Part 493, 'Requirements for Laboratories' as a result of an on-site survey on 01.25.2022. =====