

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0915029	<b>(X3) Date Survey Completed</b>  03/27/2018
<b>Name of Provider or Supplier</b>  Ameripath Indianapolis, Pc	<b>Street Address, City, State</b>  3495 Hacks Cross Rd, Memphis, 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>	A revisit survey was conducted on March 26-27, 2018 for all previous deficiencies cited on July 19, 2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.