

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0995967	(X3) Date Survey Completed 08/25/2021
Name of Provider or Supplier State Of Franklin Healthcare	Street Address, City, State 1503 West Elk Ave Ste 12, Elizabethton, 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	<p>===== The State of Franklin Healthcare laboratory was found to be in compliance with the requirements at 42 CFR, Part 493, 'Requirements for Laboratories' as a result of a remote survey on August 25, 2021. =====</p>