

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0477588	(X3) Date Survey Completed 04/13/2018
Name of Provider or Supplier Medical Center Of Plano Lab	Street Address, City, State 3901 West 15th Street, Plano, TX	
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 revisit survey was conducted on 4/13/18 for all previous deficiencies cited on 08/03 /17. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.