Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D2323813	**(X3) Date Survey Completed** 01/30/2026
Name of Provider or Supplier Spring Medical Laboratory Llc	**Street Address, City, State** 20475 State Highway 249, Suite 440, Houston, 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	The Spring Medical Laboratory was surveyed on 1/30/26 in response to complaint TX00558241 for compliance with CLIA CMS 42CFR regulations. The complaint TX00558241 was unsubstantiated.