

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 47D2198150	(X3) Date Survey Completed 12/07/2021
Name of Provider or Supplier Residence At Quarry Hill, The	Street Address, City, State 465 Quarry Hill Rd, South Burlington, VT	
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 special IFC3 survey was conducted and found the laboratory to be in compliance with CLIA SARS-CoV-2 test reporting requirements. No deficiencies were cited.