

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  47D2201639	<b>(X3) Date Survey Completed</b>  08/17/2021
<b>Name of Provider or Supplier</b>  Tlc Nursing Associates, Inc	<b>Street Address, City, State</b>  1550 Williston Rd, South Burlington, VT	
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 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.