

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D2140324	<b>(X3) Date Survey Completed</b>  03/10/2020
<b>Name of Provider or Supplier</b>  Arlington County Fire Department	<b>Street Address, City, State</b>  1020 North Hudson St, Arlington, VA	
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>	An announced CLIA recertification survey was conducted at Arlington County Fire Department on March 10, 2020 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Arlington County Fire Department is in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations.