

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 51D1075780	<b>(X3) Date Survey Completed</b> 08/19/2025
<b>Name of Provider or Supplier</b> Mountaineer Family Medicine Lab	<b>Street Address, City, State</b> 4114 1st Avenue, Nitro, WV	
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>D6093</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5)</p> <p>(e)(5) Ensure that the quality control and quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur;</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>