PRINTED: 03/13/2023 FORM APPROVED

State of Virginia

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3610 SOUTH MAIN STREET BLACKSBURG, VA. 2060 PRETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION An offsite revisit survey was conducted on 3/13/23 for all previous deficiencies side do on 1/119/23. All deficiencies have been corrected. The facility is in compliance with all regulations surveyed.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3610 SOUTH MAIN STREET BLACKSBURG, VA 24060 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [F 000] Initial Comments An offsite revisit survey was conducted on 3/13/23 for all previous deficiencies cited on 1/19/23. All deficiencies have been corrected. The facility is in compliance with all regulations STREET ADDRESS, CITY, STATE, ZIP CODE 3610 SOUTH MAIN STREET BLACKSBURG, VA 24060 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE AT OUT OF THE APPROPRIATE DATE AN offsite revisit survey was conducted on 3/13/23 for all previous deficiencies cited on 1/19/23. All deficiencies have been corrected. The facility is in compliance with all regulations			VA0107					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/03/23