Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 021823	**(X3) Date Survey Completed** 09/11/2024
Name of Provider or Supplier Iliuliuk Family And Health Services, Inc	**Street Address, City, State** P O Box 144, Unalaska, AK	

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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following deficiencies were noted during an unannounced Medicare/Medicaid Federal complaint survey conducted on 9/5-11/24 at Iliuliuk Family and Health Services. The survey included 10 medical record reviews. State of Alaska Department of Health Health Facilities Licensing and Certification 4601 Business Park Blvd. Bldg. K Anchorage, AK 99503