Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01D0871507	**(X3) Date Survey Completed** 01/11/2018
Name of Provider or Supplier Kevin G Kelly Md	**Street Address, City, State** 13150 Hwy 43 South Suite 10, Russellville, AL	

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**
No Tags	No deficiency details available.