

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0466187	(X3) Date Survey Completed 01/08/2018
Name of Provider or Supplier Cabot Medical Care	Street Address, City, State 2037 West Main, Cabot, AR	
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.