Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0696277	01/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
Wynne Physicians Clinic, Llc	710 South Falls, Wynne, 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.