

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D1095441	(X3) Date Survey Completed 07/09/2019
Name of Provider or Supplier Arkansas Pain Centers, Ltd	Street Address, City, State 308 Smokey Lane, North Little Rock, 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
D0000	