

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 11D0257797	(X3) Date Survey Completed 01/31/2018
Name of Provider or Supplier Anglyn Family Medical Center Llc	Street Address, City, State 55 Sims Street, McDonough, GA	
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	On 1/30/2018, an off site followup review was completed. The report revealed that corrective action was found to be completed or acceptable progress made on deficiencies cited.