Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 11D2114053	**(X3) Date Survey Completed** 01/25/2018
Name of Provider or Supplier Dls Research & Ventures	**Street Address, City, State** 1700 Honey Creek Cmns Se Suite A, Conyers, 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**
No Tags	No deficiency details available.