

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D1023920	(X3) Date Survey Completed 02/01/2018
Name of Provider or Supplier Winnsboro Medical Clinic	Street Address, City, State 3326 Front Street, Suite B, Winnsboro, LA	
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.