Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D0365545	07/11/2018
Name of Provider or Supplier	**Street Address, City, State**	
Family Practice Care Pllc	28351 Schoenherr Road, Warren, MI	

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.