Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0683989	02/01/2018
Name of Provider or Supplier	**Street Address, City, State**	
Hollandale Family Care Pc	1257b Hwy 61 South, Hollandale, MS	

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.