

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0691090	(X3) Date Survey Completed 12/11/2019
Name of Provider or Supplier Greenwood Comprehensive Medical Clinic	Street Address, City, State 517 Highway 82 West, Greenwood, 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
D0000	Greenwood Comprehensive Medical Clinic is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.