

| | | |
|--|--|---|
| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 25D0694089 | (X3) Date Survey Completed 04/02/2018 |
| Name of Provider or Supplier Moffitt Health Center | Street Address, City, State 118 College Drive, Box 5066, Hattiesburg, 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. |