

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  25D0965750	<b>(X3) Date Survey Completed</b>  03/31/2022
<b>Name of Provider or Supplier</b>  Careplus Byram Family Medicine	<b>Street Address, City, State</b>  7215 Siwell Rd, Byram, MS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	CarePlus Byram Family Medicine is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.