

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D1006836	(X3) Date Survey Completed 10/22/2018
Name of Provider or Supplier Delta Oncology	Street Address, City, State 333 Hwy 82 W, 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
No Tags	No deficiency details available.