

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D1061604	(X3) Date Survey Completed 09/20/2023
Name of Provider or Supplier Family Care Clinic Of Ripley	Street Address, City, State 1331 City Ave N, Ripley, 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	Family Care Clinic of Ripley is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.