Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D2054290	02/20/2018
Name of Provider or Supplier	**Street Address, City, State**	
Magnolia Specialty Clinic	3207 Mullins Dr, Corinth, 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.