

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2064164	(X3) Date Survey Completed 06/22/2018
Name of Provider or Supplier Priority Medical Clinic, Llc	Street Address, City, State 601 North 15th Avenue, Laurel, 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	A revisit survey (completed by mail) was conducted on 6/22/18 for all previous deficiencies cited on 10/4/17. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.