

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2122171	(X3) Date Survey Completed 02/05/2021
Name of Provider or Supplier Grayson Creek Medical Clinic	Street Address, City, State 3 John Everett Rd, Moselle, 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	Grayson Creek Medical Clinic is in compliance with 42 CFR, Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.