

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 32D0537331	(X3) Date Survey Completed 05/15/2019
Name of Provider or Supplier De Baca Family Practice Clinic	Street Address, City, State 546 N 10th St, Fort Sumner, NM	
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.