

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  32D0717863	<b>(X3) Date Survey Completed</b>  05/30/2019
<b>Name of Provider or Supplier</b>  Rio Grande Medical Group	<b>Street Address, City, State</b>  4371 East Lohman, Las Cruces, NM	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The following deficiencies were cited as the result of a recertification survey completed on 12/14/2017 for 42 CFR part 493 Laboratory Requirements.