Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	32D2090559	05/15/2019
Name of Provider or Supplier	**Street Address, City, State**	
Csl Plasma, Inc	6211 4th Street Nw Suite 15, Albuquerque, 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.