Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	34D0991846	12/12/2018
Name of Provider or Supplier	**Street Address, City, State**	
Medical Care, Inc	1402 Wayne Memorial Drive, Goldsboro, NC	

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.