Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	36D0340535	01/08/2018
Name of Provider or Supplier	**Street Address, City, State**	
Crystal Arthritis Center, Inc	471 North Cleveland-Massillon Road, Akron, OH	

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.