

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D0473037	(X3) Date Survey Completed 01/03/2018
Name of Provider or Supplier Broken Arrow Family Clinic	Street Address, City, State 705 West Oakland Street, Broken Arrow, OK	
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
D0000	