Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D1057665	01/04/2018
Name of Provider or Supplier	**Street Address, City, State**	
Utica Park Clinic Broken Arrow North	1551 N 9th 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
No Tags	No deficiency details available.