Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 40D0710605	**(X3) Date Survey Completed** 01/22/2018
Name of Provider or Supplier Laboratorio Clinico Caribe	**Street Address, City, State** Munoz Rivera 35, Rincon, PR	

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.