Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 44D1105124	**(X3) Date Survey Completed** 01/19/2018
Name of Provider or Supplier Madison Family Practice	**Street Address, City, State** 621 G-Old Hickory Blvd, Jackson, TN	

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.