Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D0660522	**(X3) Date Survey Completed** 01/26/2018
Name of Provider or Supplier Corpus Christi Nueces County Public Health Lab	**Street Address, City, State** 1702 Horne Road, Corpus Christi, TX	
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	