

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2098385	<b>(X3) Date Survey Completed</b> 11/02/2021
<b>Name of Provider or Supplier</b> Paris Cardiology Center Obl	<b>Street Address, City, State</b> 2620 Spur 139, Paris, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	NO DEFICIENCIES WERE CITED. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and recertification is recommended.