

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2106929	(X3) Date Survey Completed 02/08/2018
Name of Provider or Supplier Primary Health Physicians, PLLC	Street Address, City, State 1501 N Us Hwy 287-N, Mansfield, 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	The Technical Consultant and Laboratory/X-Ray Supervisor were at the entrance conference conducted 11/21/2017. The survey process was discussed. An opportunity for questions and comments was given. Exit conference was held with the Technical Consultant and Laboratory/X-Ray Supervisor on 11/21/2017. The laboratory was found to be in substantial compliance for the specialties/subspecialties for which it was surveyed. The standard level deficiencies cited were discussed. The process for submitting the corrections was explained. CMS form 2567 will be emailed from the Texas Department of State Health Services, Health Facility Compliance Arlington Group.