Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2119882	01/25/2018
Name of Provider or Supplier	**Street Address, City, State**	
Cmms Lab Llc	4360 Beltway Place Suite 260, Arlington, 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**
No Tags	No deficiency details available.