Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 031866	**(X3) Date Survey Completed** 10/17/2019
Name of Provider or Supplier United Community Health Center At Freeport Mcmoran Copper And Gold	**Street Address, City, State** 1260 South Campbell Rd, Building 2, Green Valley, AZ	

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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following deficiency was found during the Medicare Complaint Investigation survey conducted on 10/16/19 - 10/17/19 for Event # 994S11, and Intake AZ00158467.