Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	031984	11/13/2019
Name of Provider or Supplier	**Street Address, City, State**	
El Rio Health Center - Cherrybell Center	1230 Cherrybell Stravenue, Tucson, 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 additional finding was cited at the time of the CMS Complaint Investigation survey conducted on 11/06/2019, with additional documentation provided to the Department on 11/13/2019, for Event #HBVC11, based on the Conditions for Certification, for Rural Health Clinics, for intake #AZ00159171.