Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 747980	**(X3) Date Survey Completed** 02/21/2025
Name of Provider or Supplier Laredo Kids Advanced Therapy Inc	**Street Address, City, State** 302 Nye Dr., Laredo, 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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	Purpose of Visit: Recertification On 02/18/25 at 1:00 p.m., the surveyor conducted an unannounced visit and an entrance conference with the Adm. Census: Licensed and Certified: 17 This agency had no deficiencies cited. The agency was in compliance with 42 CFR Part 484.102, Emergency Preparedness Requirements for Home Health Agencies. Administrator-Adm Code of Federal Regulation-CFR