Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747980	02/21/2025
Name of Provider or Supplier	**Street Address, City, State**	
Laredo Kids Advanced Therapy Inc	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)
G0000	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 Administrator-Adm Director of Nursing-DON Outcome and Assessment Information Set-OASIS Center Medicare and Medicaid-CMS Internet Quality Improvement and Evaluation System-IQIES Registered Nurse-RN