Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D0305356	06/06/2018
Name of Provider or Supplier	**Street Address, City, State**	
Jackson Medical Center	220 Hospital Drive, Jackson, AL	

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.