Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01D2104538	**(X3) Date Survey Completed** 03/15/2018
Name of Provider or Supplier Jackson Hospital & Clinic, Inc	**Street Address, City, State** 2175 Us Hwy 31 N, Deatsville, 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.