

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0533657	(X3) Date Survey Completed 02/28/2018
Name of Provider or Supplier White Mountain Regional Medical Center	Street Address, City, State 118 S Mountain Ave, Springerville, 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
No Tags	No deficiency details available.