

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0671112	(X3) Date Survey Completed 05/31/2018
Name of Provider or Supplier John Ed Chambers Memorial Hospital	Street Address, City, State 719 Detroit St, Danville, AR	
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.