Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 06D0644463	**(X3) Date Survey Completed** 07/30/2018
Name of Provider or Supplier Lake City Area Medical Center	**Street Address, City, State** 700 N Henson St, Lake City, CO	

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.