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|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>06D0877112 | <b>(X3) Date Survey Completed</b><br><br>02/05/2018 |
| <b>Name of Provider or Supplier</b><br><br>Middle Park Health - Walden                                                     | <b>Street Address, City, State</b><br><br>350 Mckinley St, Walden, CO      |                                                     |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |                                                                            |                                                     |

|                           |                                          |
|---------------------------|------------------------------------------|
| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b> |
| <b>No Tags</b>            | No deficiency details available.         |