

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D0881623	(X3) Date Survey Completed 01/09/2018
Name of Provider or Supplier Veracare Burbank	Street Address, City, State 5400 W 87th St, Burbank, IL	
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.