Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 16D0382646	**(X3) Date Survey Completed** 08/30/2018
Name of Provider or Supplier Boone County Hospital	**Street Address, City, State** 1015 Union Street, Boone, IA	

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
D0000	A revisit survey was conducted on 8/30/2018 for the previous deficiencies cited on 12 /14/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.