

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0382761	(X3) Date Survey Completed 06/25/2018
Name of Provider or Supplier Guthrie County Hospital	Street Address, City, State 710 North 12th Street, Guthrie Center, 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
No Tags	No deficiency details available.