

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0384315	(X3) Date Survey Completed 07/13/2018
Name of Provider or Supplier Mccrary Rost Clinic - Gowrie	Street Address, City, State 1800 Main Street, Gowrie, 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.