| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 16D0384631 | 02/19/2018 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Medical Associates Of Buchanan County | 1600 First Street East, Independence, 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 2/19/2018 for the previous deficiencies cited on 05/23/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed. |