Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D0385663	(X3) Date Survey Completed 07/13/2018
Name of Provider or Supplier Stewart Memorial Community Hospital	**Street Address, City, State** 1301 West Main Street, Lake City, 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.