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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 16D0386503 | (X3) Date Survey Completed 03/02/2018 |
| Name of Provider or Supplier Mercy Towncrest Internal Medicine | Street Address, City, State 2460 Towncrest Drive, Iowa City, IA | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
| No Tags | No deficiency details available. |