

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  16D0705726	<b>(X3) Date Survey Completed</b>  06/07/2018
<b>Name of Provider or Supplier</b>  Unitypoint Clinic Family Medicine Indianola	<b>Street Address, City, State</b>  301 East Hillcrest Avenue, Indianola, IA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A revisit survey was conducted on 06/07/2018 for the previous deficiencies cited on 11/29/2017. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.