

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 16D2087348	(X3) Date Survey Completed 02/22/2018
Name of Provider or Supplier University Of Iowa Health Care	Street Address, City, State 2769 Heartland Drive, Suite 100, Coralville, 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.