Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	16D2093777	05/21/2018
Name of Provider or Supplier	**Street Address, City, State**	
Unitypoint Health Marshalltown	55 Unitypoint Way, Marshalltown, 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.