

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0448802	(X3) Date Survey Completed 09/05/2018
Name of Provider or Supplier University Of Kansas Health System Department Of	Street Address, City, State 4000 Cambridge St, Kansas City, KS	
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.