

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 20D0089847	(X3) Date Survey Completed 01/24/2018
Name of Provider or Supplier Northern Light Blue Hill Memorial Hospital	Street Address, City, State 57 Water Street, Blue Hill, ME	
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
D0000	