Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	25D0030156	05/24/2018
Name of Provider or Supplier	**Street Address, City, State**	
Pearl River County Hospital	305 West Moody Street, Poplarville, MS	

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.