

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0445875	(X3) Date Survey Completed 01/04/2018
Name of Provider or Supplier Lake Regional Health System - Laurie Clinic	Street Address, City, State 156 Missouri Blvd Ste B, Laurie, MO	
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.