

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0652220	(X3) Date Survey Completed 01/02/2018
Name of Provider or Supplier Ray County Memorial Hospital	Street Address, City, State 904 Wollard Blvd, Richmond, 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.