

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D1046012	(X3) Date Survey Completed 02/07/2018
Name of Provider or Supplier I-70 Community Hospital	Street Address, City, State 105 Hospital Drive, Sweet Springs, 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
D0000	The I-70 Community Hospital Laboratory was found to be in substantial compliance with 2 CFR Part 493, Requirements for Laboratories as a result of an onsite revisit survey February 7, 2018.