Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D1094020	04/01/2018
Name of Provider or Supplier	**Street Address, City, State**	
Lake Regional Health System - Osage Beach Clinic	1057 Medical Park Drive, Osage Beach, 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.