

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  27D0678565	<b>(X3) Date Survey Completed</b>  01/16/2018
<b>Name of Provider or Supplier</b>  Mountainview Medical Center	<b>Street Address, City, State</b>  16 West Main St, White Sulphur Springs, MT	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	