Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	36D0332431	01/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
Mercy St Charles Hospital - Cardiopulmonary Svcs	2600 Navarre Avenue, Oregon, OH	

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.