Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D0994726	02/01/2018
Name of Provider or Supplier	**Street Address, City, State**	
Community Hospital	3100 Sw 89th Street, Oklahoma City, OK	

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.