

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D0947967	(X3) Date Survey Completed 01/03/2018
Name of Provider or Supplier Lehigh Gastroenterology Assocs Llc	Street Address, City, State 400 South 9th Street, Lehigh, PA	
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.