

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 39D2065598	(X3) Date Survey Completed 01/11/2018
Name of Provider or Supplier John K Wildemore Md, Llc	Street Address, City, State 744 West Lancaster Ave Suite 230, Wayne, 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.