

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2130677	(X3) Date Survey Completed 01/22/2018
Name of Provider or Supplier University Health System	Street Address, City, State 5779 Creekwood Park Blvd Ste 140, Lenoir City, TN	
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.