

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0484993	(X3) Date Survey Completed 10/25/2018
Name of Provider or Supplier Stephens Memorial Hospital	Street Address, City, State 200 South Geneva St, Breckenridge, TX	
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.