Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D0659938	**(X3) Date Survey Completed** 10/22/2018
Name of Provider or Supplier Electra Memorial Hospital	**Street Address, City, State** 1207 S Bailey, Electra, 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.