| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 46D0700813 | 02/02/2018 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Revere Health Provo Main Campus | 1055 N 500 W, Provo, UT | |

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. |