Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	46D2034421	02/02/2018
Name of Provider or Supplier	**Street Address, City, State**	
St Mark's Hospital Outpatient Radiation Therapy	1250 East 3900 South Ste B-10, Salt Lake City, 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.