

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2034422	(X3) Date Survey Completed 01/10/2018
Name of Provider or Supplier Gammawest Brachytherapy	Street Address, City, State 5475 South 500 East, Ogden, 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.