Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2084337	(X3) Date Survey Completed 02/08/2018
Name of Provider or Supplier Sacred Circle Healthcare Clinic	**Street Address, City, State** 660 S 200 E, Ste 250, 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.