Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	51D0236290	01/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Webster Memorial Hospital, Inc	125 Diana Drive, Webster Springs, WV	

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.