

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 51D0236881	(X3) Date Survey Completed 01/19/2018
Name of Provider or Supplier Fairview Health Associates	Street Address, City, State 350 Fairview Heights Road, Summersville, 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.