Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 51D0865013	**(X3) Date Survey Completed** 01/02/2018
Name of Provider or Supplier Valley Gastroenterology & Endoscopy	**Street Address, City, State** 68377 Stewart Drive, Suite 202, Saint Clairsville, OH	
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.