Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	51D0910926	01/18/2018
Name of Provider or Supplier	**Street Address, City, State**	
Minnie Hamilton Health Care Center Inc	186 Hospital Hill, Grantsville, 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.