Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D0396431	01/03/2018
Name of Provider or Supplier	**Street Address, City, State**	
Kickapoo Valley Medical Clinic-Vmh	102 Sunset Ave, Soldiers Grove, WI	

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.