

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0396765	(X3) Date Survey Completed 02/23/2018
Name of Provider or Supplier Prevea Health - Chippewa Falls	Street Address, City, State 2509 County Rd I, Ste 500, Chippewa Falls, 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.