Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D0678401	01/17/2018
Name of Provider or Supplier	**Street Address, City, State**	
Froedtert & The Medical College Of Wisconsin	1700 W Paradise Dr, West Bend, 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.