Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	52D1078013	01/12/2018
Name of Provider or Supplier	**Street Address, City, State**	
Northlakes Community Health Center	7665 Us Hwy 2, Iron River, 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.