

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 53D0520128	(X3) Date Survey Completed 01/19/2018
Name of Provider or Supplier Johnson County Memorial Hospital Lab-Dept	Street Address, City, State 497 West Lott St, Buffalo, WY	
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.