

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013424	(X3) Date Survey Completed 01/05/2018
Name of Provider or Supplier Regional Medical Center Clinics	Street Address, City, State 125 Church Street, Georgiana, AL	
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 (Each deficiency should be preceded by full regulatory or LSC identifying information)
No Tags	No deficiency details available.