

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  013401	<b>(X3) Date Survey Completed</b>  03/01/2023
<b>Name of Provider or Supplier</b>  Lawrence Rural Health Clinic-Courtland	<b>Street Address, City, State</b>  350 Tennessee Street P O Box 320, Courtland, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>E0000</b>	A recertification survey was conducted 2/28/23 to 3/01/23 at Lawrence Rural Health Clinic-Courtland. The clinic was found to be in substantial compliance with the Conditions of Participation for Emergency Preparedness.