

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013401	(X3) Date Survey Completed 03/01/2023
Name of Provider or Supplier Lawrence Rural Health Clinic-Courtland	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	A recertification survey was conducted at Lawrence Rural Health Clinic-Courtland 2/28/23 to 3/1/23. Standard level deficiencies were cited and will require a plan of correction.