

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013420	(X3) Date Survey Completed 06/08/2023
Name of Provider or Supplier Lake Martin Family Medicine	Street Address, City, State 301 Mariarden Rd Suite D, Dadeville, 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)
E0000	A recertification survey was conducted on 6/6/23 to 6/8/23 at Lake Martin Family Medicine. Standard level deficiencies were cited for Emergency Preparedness and an acceptable plan of correction is required.