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| 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. | | |

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| (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 on 6/6/23 to 6/8/23 at Lake Martin Family Medicine. Standard level deficiencies were cited and will require a plan of correction. |