

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  013424	<b>(X3) Date Survey Completed</b>  09/11/2025
<b>Name of Provider or Supplier</b>  Regional Medical Center Clinics	<b>Street Address, City, State</b>  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.		

<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 at Regional Medical Center Clinics on 9/10/25 to 9/11/25. Regional Medical Center Clinics was found to be in substantial compliance for Emergency Preparedness.