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

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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 at Regional Medical Center Clinics from 9/10/25 to 9/11/25. Standard level deficiencies were cited and will require a plan of correction. |