

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013430	(X3) Date Survey Completed 04/06/2023
Name of Provider or Supplier Hill Hospital Physicians Clinic	Street Address, City, State 724 Derby Drive, York, 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 from 4/5/23 to 4/6/23 at Hill Hospital Physicians Clinic, standard level deficiencies were cited and will require an acceptable plan of correction.