

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013434	(X3) Date Survey Completed 02/01/2018
Name of Provider or Supplier River Region Family Medicine	Street Address, City, State 41 Cambridge Court, Wetumpka, 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 2/1/18 and the facility was found to be in compliance with the Condition of Participation, Appendix Z, Emergency Preparedness Requirements.