Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0049871	(X3) Date Survey Completed 05/15/2025
Name of Provider or Supplier Smc Regional Medical Center	**Street Address, City, State** 611 West Lee, Main Building 1st Floor, Osceola, AR	
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
D0000	SMC Regional Medical Center Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.