

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0468513	(X3) Date Survey Completed 06/10/2026
Name of Provider or Supplier Regional Family Medicine	Street Address, City, State 630 Burnett Drive, Mountain Home, 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	Regional Family Medicine Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.