

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0678110	<b>(X3) Date Survey Completed</b>  01/20/2023
<b>Name of Provider or Supplier</b>  Hilman Family Clinic, Pa	<b>Street Address, City, State</b>  12 Medical Lane, Conway, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D1002</b>	<p><b>REPORTING OF SARS-CoV-2 TEST RESULTS</b></p> <p>During the Public Health Emergency, as defined in 400.200 of this chapter, each laboratory that performs a test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (hereinafter referred to as a "SARS-CoV-2 test") must report SARS-CoV-2 test results to the Secretary in such form and manner, and at such timing and frequency, as the Secretary may prescribe.</p> <p>This CONDITION is not met as evidenced by: No deficiency details available.</p>