

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0859547	(X3) Date Survey Completed 04/28/2026
Name of Provider or Supplier Bearden Health Center	Street Address, City, State 150 School St, Bearden, 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	Bearden Health Center Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.