

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2057827	(X3) Date Survey Completed 01/13/2026
Name of Provider or Supplier Lake Hamilton Family Medicine	Street Address, City, State 1661 Airport Rd Suite F, Hot Springs, 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	Lake Hamilton Family Medicine Laboratory is in compliance with the applicable Standards and conditions of 42 CFR Part 493, Laboratory Requirements.