Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 04D2070026	**(X3) Date Survey Completed** 08/10/2026
Name of Provider or Supplier Narmc Internal Medicine	**Street Address, City, State** 724 N Spring Street, Suite C, Harrison, 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**
No Tags	No deficiency details available.