

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  11D2041824	<b>(X3) Date Survey Completed</b>  06/24/2025
<b>Name of Provider or Supplier</b>  Hemlock Pain Center, The	<b>Street Address, City, State</b>  101 Preston Court, Macon, GA	
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>D0000</b>	A Clinical Laboratory Improvement Amendments (CLIA) Validation survey was completed on June 24, 2025 - June 24, 2025. The laboratory was in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.