

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 11D2287107	<b>(X3) Date Survey Completed</b> 07/08/2025
<b>Name of Provider or Supplier</b> Family Medical And Urgent Care Clinic Llc	<b>Street Address, City, State</b> 1075 Bandy Parkway, Suite 120, Locust Grove, 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>	Based on an initial CLIA certification survey performed on July 8, 2025 this facility was found to be in compliance with applicable CLIA requirements found at 42 CFR 493.1 through 42 CFR 493.1780.