

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2036695	(X3) Date Survey Completed 09/28/2022
Name of Provider or Supplier Ochsner Choctaw General	Street Address, City, State 401 Vanity Fair Lane, Butler, AL	
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	The surveyor determined this laboratory is in substantial compliance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88).