Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 04D0049895	**(X3) Date Survey Completed** 02/23/2018
Name of Provider or Supplier St Bernards Medical Center - Laboratory	**Street Address, City, State** 225 E Washington Ave, Jonesboro, 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.