

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0713452	(X3) Date Survey Completed 10/24/2023
Name of Provider or Supplier Oroville Hospital	Street Address, City, State 2767 Olive Hwy, Oroville, CA	
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	THIS LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493. REQUIREMENTS FOR CLINICAL LABORATORIES.