

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0461894	(X3) Date Survey Completed 03/28/2018
Name of Provider or Supplier Christus Ochsner Lake Area Hospital	Street Address, City, State 4200 Nelson Road, Lake Charles, LA	
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	<p>A REVISIT SURVEY was performed at CHRISTUS Lake Area Hospital - CLIA # 19D0461894 on March 27, 2018 through March 28, 2018. The laboratory was found not in compliance with the following Condition Level Deficiencies: 42 CFR 493.1240 CONDITION: Preanalytic System 42 CFR 493.1250 CONDITION: Analytic System 42 CFR 493.1403 CONDITION: Laboratory Director, Laboratories Performing Moderate Complexity Testing. 35369 A Validation Survey was conducted September 12-15, 2017 at CHRISTUS Lake Area Hospital, CLIA 19D0461894. The laboratory was found not in compliance with the following Condition Level Deficiencies: 42 CFR 493.1250 CONDITION: ANALYTIC SYSTEMS 42 CFR 493.1403 CONDITION: Laboratory Director, Laboratories Performing Moderate Complexity Testing</p>