Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	19D0464394	06/17/2026
Name of Provider or Supplier	**Street Address, City, State**	
West Carroll Memorial Hospital	706 Ross Street, Oak Grove, 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	A Recertification survey was performed at West Carroll Memorial Hospital, CLIA ID 19D0464394, on June 15, 2026 through June 17, 2026. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.