Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0717066	(X3) Date Survey Completed 08/09/2018
Name of Provider or Supplier Citizens Medical Center/Resp Therapy	**Street Address, City, State** 7939 U S Hwy 165 South, Columbia, 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 Certification survey was conducted on August 8, 2018 through August 9, 2018 at Citizens Medical Center/Respiratory Therapy, CLIA ID # 19D0717066. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.