

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0878491	(X3) Date Survey Completed 09/27/2018
Name of Provider or Supplier Our Lady Of Lake Reg Med Ctr-Blood Gas	Street Address, City, State 5000 Hennessy Boulevard/ Respiratory Care Depart, Baton Rouge, 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 Revisit Survey was conducted on September 27, 2018 at Our Lady Of Lake Regional Medical Center - CLIA # 19D0878491. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.