

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  19D1017559	<b>(X3) Date Survey Completed</b>  05/24/2018
<b>Name of Provider or Supplier</b>  Natchitoches Parish Hospital	<b>Street Address, City, State</b>  501 Keyser Avenue, Natchitoches, LA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A REVISIT SURVEY was performed at Natchitoches Parish Hospital Respiratory - CLIA # 19D1017559 on May 24, 2018. Natchitoches Parish Hospital Respiratory was found in compliance with 42 CFR 493 Requirements for Laboratories.