

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D1099380	(X3) Date Survey Completed 02/07/2018
Name of Provider or Supplier Claiborne Memorial Hospital	Street Address, City, State 620 East College Street, Homer, 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 COMPLAINT SURVEY was performed at Claiborne Memorial Hospital - CLIA # 19D1099380 on August 15, 2017 through August 18, 2017. Claiborne Memorial Hospital was found not in compliance with the following CONDITION LEVEL DEFICIENCIES which constitute an IMMEDIATE JEOPARDY to the patients serviced by the laboratory: 42 CFR 493.1771 CONDITION: Inspection requirements applicable to ALL CLIA-certified and CLIA-exempt laboratories. 39352 A REVISIT Survey was performed at Claiborne Memorial Hospital - CLIA # 19D1099380 on February 7, 2018. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.</p>