

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D2032754	(X3) Date Survey Completed 02/09/2018
Name of Provider or Supplier Genovive	Street Address, City, State 250 Plache Street, Harahan, 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 December 28, 2017 at Genovive, LLC, CLIA ID # 19D2032754. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories; however, standard level deficiencies were cited.