Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D2058394	(X3) Date Survey Completed 05/19/2025
Name of Provider or Supplier Interventional Pain Of Cenla, Llc	**Street Address, City, State** 3311 Prescott Road, Suite 311, Alexandria, 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 Recertification survey was conducted on May 19, 2025 at Interventional Pain of Cenla, CLIA ID # 19D2058394. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.