

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D2124201	(X3) Date Survey Completed 01/09/2018
Name of Provider or Supplier Louisiana Pain Specialists, Llc	Street Address, City, State 2706 Hessmer Ave, Suite A, Metairie, 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
No Tags	No deficiency details available.