Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 19D2211996	**(X3) Date Survey Completed** 01/13/2022
Name of Provider or Supplier Blanchard Medical	**Street Address, City, State** 5948 North Market, Shreveport, 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	An Initial survey was performed at Blanchard Medical, CLIA ID 19D2211996 on January 13, 2022. The laboratory was found in compliance with 42 CFR 493 Requirements for Laboratories. No deficiencies were cited.