

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0877508	(X3) Date Survey Completed 08/26/2024
Name of Provider or Supplier Noxubee General Hospital Blood Gas Lab	Street Address, City, State 78 Hospital Road, Macon, MS	
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	Noxubee General Hospital Blood Gas Lab is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.