

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D2229469	(X3) Date Survey Completed 11/17/2023
Name of Provider or Supplier Cardiovascular Obl	Street Address, City, State 415 S 28th Ave, Hattiesburg, 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	Cardiovascular OBL is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.