

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2065842	(X3) Date Survey Completed 08/30/2024
Name of Provider or Supplier Altus Lumberton Hospital, Llc	Street Address, City, State 137 North Lhs Drive, Lumberton, TX	
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	The laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a recertification survey completed August 30, 2024.