

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>BO0004642</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/30/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELTA CLINIC OF BATON ROUGE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>756 COLONIAL DRIVE</b> <b>BATON ROUGE, LA 70806</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	Explicit Statements-01  1st Followup to licensing survey. Deficiencies cleared.	{S 000}		

DHH/Health Standards Section

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE