

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BO0004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2004
NAME OF PROVIDER OR SUPPLIER DELTA CLINIC OF BATON ROUGE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE BATON ROUGE, LA 70806		
(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
G 000	INITIAL COMMENTS The Delta Clinic of Baton Rouge is in compliance with the licensing requirements for Controlled Dangerous Substances under 21 CFR 1300 and 48 LAC 3900 et al.	G 000		

DHH/Health Standards Section

TITLE

(X6) DATE

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