

Health Standards Section

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>BO0004642</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>09/24/2004</b> |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DELTA CLINIC OF BATON ROUGE, INC</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>756 COLONIAL DRIVE<br/>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<br><br>Initial licensing survey. No deficiencies cited.   | S 000  |   |   |

DHH/Health Standards Section

TITLE

(X6) DATE

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