

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013422	(X3) Date Survey Completed 01/03/2024
Name of Provider or Supplier Ochsner Health Center-Butler	Street Address, City, State 1404 E Pushmataha Street, Butler, AL	
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 (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	An onsite recertification survey was conducted at Ochsner Health Center-Butler from 1/2/24 to 1/3/24. The clinic was in substantial compliance with the Conditions of Participation for Emergency Preparedness.