

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)
J0000	A recertification survey was conducted at Ochsner Health Center-Butler from 1/2/24 to 1/3/24. Standard level deficiencies were cited and will require a Plan of Correction.