Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 07D0095962	**(X3) Date Survey Completed** 02/16/2018
Name of Provider or Supplier Branford Pediatrics & Adolescent Medicine	**Street Address, City, State** 784 East Main St, Branford, CT	
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**
D0000	