

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D0723961	(X3) Date Survey Completed 09/26/2018
Name of Provider or Supplier Richard Santarosa & Michael Nurzia	Street Address, City, State 166 West Broad Street, Suite 404, Stamford, 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
No Tags	No deficiency details available.