

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D0928269	(X3) Date Survey Completed 06/15/2021
Name of Provider or Supplier Family Practice Internal Medicine, Llc	Street Address, City, State 2200 Whitney Avenue, Suite 100, Hamden, 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	The Family Practice and Internal Medicine Laboratory was surveyed and found in compliance with CLIA Regulations 42 CFR, Part 493, as a result of a recertification survey performed on June 15, 2021.