

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D2079387	(X3) Date Survey Completed 04/04/2018
Name of Provider or Supplier Afc Urgent Care Stamford	Street Address, City, State 3000 Summer Street, 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
D0000	