

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 09D0937957	(X3) Date Survey Completed 01/26/2018
Name of Provider or Supplier Metropolitan Fine Needle Aspiration Service	Street Address, City, State 3 Washington Circle, Nw Suite # 303, Washington, DC	
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.