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** 09D2180856	**(X3) Date Survey Completed** 08/14/2020
Name of Provider or Supplier Curative Labs Inc	**Street Address, City, State** 3330 New York Avenue Ne, 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**
D0000	Curative Labs Inc. is in substantial compliance with Conditions of Participation of 42 CFR, Part 493 for medical laboratories.