

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1094494	(X3) Date Survey Completed 03/21/2025
Name of Provider or Supplier Feinstein Medical Llc	Street Address, City, State 6140 W Atlantic Ave, Delray Beach, FL	
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	An onsite recertification survey was conducted at Feinstein Medical LLC on March 21, 2025. The laboratory was in compliance with 42 CFR Part 493, Requirements for Laboratories.