

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0210590	(X3) Date Survey Completed 01/10/2018
Name of Provider or Supplier Gtr Washington Medcenter Llc T/A Healthcare Of Gr	Street Address, City, State 6357 Oxon Hill Road, Oxon Hill, MD	
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.