

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 21D0215080	<b>(X3) Date Survey Completed</b> 08/22/2019
<b>Name of Provider or Supplier</b> Anne Arundel Urology Pa	<b>Street Address, City, State</b> 305 Hospital Drive Suite 303, Glen Burnie, MD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Based on the findings of the survey the laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid approved and CLIA-certified laboratories.