Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 21D0680113	**(X3) Date Survey Completed** 05/01/2018
Name of Provider or Supplier Bay West Endocrinology Associates	**Street Address, City, State** 6535 N Charles St 400 North, Baltimore, 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.