Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D0865208	04/23/2018
Name of Provider or Supplier	**Street Address, City, State**	
Chevy Chase Pulmonary Associates	5530 Wisconsin Avenue #1150, Chevy Chase, 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.