

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2065238	<b>(X3) Date Survey Completed</b>  01/10/2018
<b>Name of Provider or Supplier</b>  Patient First- Silver Spring	<b>Street Address, City, State</b>  8206 Georgia Avenue, Silver Spring, 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>No Tags</b>	No deficiency details available.