

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2087228	(X3) Date Survey Completed 01/03/2019
Name of Provider or Supplier Advanced Pain Medicine Institute (Apmi)	Street Address, City, State 7501 Greenway Center Drive, Suite 690, Greenbelt, 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
D5417	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>