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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 21D2119650 | (X3) Date Survey Completed 06/28/2023 |
| Name of Provider or Supplier Maryland Oncology Hematology, Pa | Street Address, City, State 7704 Matapeake Business Drive, Suite 200, Brandywine, 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 |
|---------------------------|--|
| D0000 | The laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid-approved and CLIA-certified laboratories. |