

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2167969	<b>(X3) Date Survey Completed</b>  04/26/2021
<b>Name of Provider or Supplier</b>  Giant Pharmacy #344	<b>Street Address, City, State</b>  6020 Marshalee Drive, Elkridge, 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>D0000</b>	The laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid-approved and CLIA-certified laboratories.