

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2247635	<b>(X3) Date Survey Completed</b>  05/26/2022
<b>Name of Provider or Supplier</b>  D Popescu, Md	<b>Street Address, City, State</b>  8109 Harford Rd, Ste B, Parkville, 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>	A survey conducted on 05/26/2022 found the D Popescu, MD laboratory is in compliance with CLIA SARS-CoV-2 test reporting requirements.