

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  22D0066560	<b>(X3) Date Survey Completed</b>  02/08/2018
<b>Name of Provider or Supplier</b>  Riverbend Medical Group Inc	<b>Street Address, City, State</b>  444 Montgomery Street, Chicopee, MA	
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>	