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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 23D0950408 | (X3) Date Survey Completed 04/09/2018 |
| Name of Provider or Supplier Beverly Hills Pediatrics | Street Address, City, State 5555 Metro Parkway Ste 300, Sterling Heights, MI | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
| No Tags | No deficiency details available. |