

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0682440	(X3) Date Survey Completed 05/22/2019
Name of Provider or Supplier Shanti Pandey Md	Street Address, City, State 821 Main Street, Fayette, MS	
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	Shanti Pandey MD is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.