Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2197541	(X3) Date Survey Completed 01/26/2021
Name of Provider or Supplier Nates Nj Pharmacy Corp / Dba Keansburg Pharmacy	**Street Address, City, State** 199 Main Street, Keansburg, NJ	
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	An onsite certification survey conducted on February 26, 2021 found the laboratory of Keyport Pharmacy, Keyport in compliance with 42 CFR Part 493 Requirements for Laboratories.