

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  33D0140858	<b>(X3) Date Survey Completed</b>  10/02/2018
<b>Name of Provider or Supplier</b>  Pediatric Associates Of Southern Westchester	<b>Street Address, City, State</b>  145 Huguenot Street Suite 200, New Rochelle, NY	
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>	No deficiencies were found at the survey of October 2, 2018 and the above physician office (POL) was found to be in compliance with the requirements of 42 CFR 493.