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|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Statement of Deficiencies</b>                                                                                           | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>33D0147958 | <b>(X3) Date Survey Completed</b><br><br>05/08/2023 |
| <b>Name of Provider or Supplier</b><br><br>Dr Steven M Emmett                                                              | <b>Street Address, City, State</b><br><br>3104 Quentin Road, Brooklyn, NY  |                                                     |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. |                                                                            |                                                     |

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|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(X4) ID Prefix Tag</b> | <b>Summary Statement of Deficiencies</b>                                                                                                                        |
| <b>D0000</b>              | A survey conducted on May 8, 2023 found Dr Steven M Emmett Physician Office Laboratory (POL) in compliance with 42 CFR Part 493, Requirements for Laboratories. |