

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 33D0151083	<b>(X3) Date Survey Completed</b> 06/07/2021
<b>Name of Provider or Supplier</b> Rosman & Wasserman Llp	<b>Street Address, City, State</b> 112-03 Queens Blvd, Suite 207, Forest Hills, 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>	A survey conducted on June 7, 2021 found Rosman & Wasserman Physician Office Laboratory (POL) in compliance with 42 CFR Part 493, Requirements for Laboratories.