

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0153819	(X3) Date Survey Completed 11/10/2020
Name of Provider or Supplier Long Island Mohs Surgery Pc	Street Address, City, State 877 Stewart Avenue, Suite 27, Garden City, NY	
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	No deficiencies were cited at the follow-up survey of November 10, 2020 and the above physician office (POL) was found to be in compliance with the requirements of 42 CFR 493.