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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>33D0163250                           | <b>(X3) Date Survey Completed</b><br><br>05/01/2019 |
| <b>Name of Provider or Supplier</b><br><br>Hudson Valley Hematology/Oncology Associates Rllp                               | <b>Street Address, City, State</b><br><br>400 Westage Business Center Drive, Suite 103, Fishkill, 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>   |
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| <b>D0000</b>              | No deficiencies were cited at the survey of May 1, 2019 and the above Physician Office Laboratory (POL) was found to be in compliance with the requirements of 42 CFR 493. |