

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0691460	(X3) Date Survey Completed 12/20/2022
Name of Provider or Supplier Peter A Klein, Md Faad, Pc	Street Address, City, State 100 Hospital Road, Suite 116, Patchogue, 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	A survey conducted on December 20, 2022 found Peter Klein MD PC dba Port Jefferson Dermatology Physician Office Laboratory (POL) in compliance with 42 CFR Part 493, Requirements for Laboratories.