

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0941585	(X3) Date Survey Completed 04/22/2026
Name of Provider or Supplier Zev Ash Md	Street Address, City, State 413 Marlborough Road, Cedarhurst, 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 April 22, 2026 found Zev Ash MD, Physician Office Laboratory (POL) in compliance with 42 CFR Part 493, Requirements for Laboratories.