Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D1049273	01/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Lyudmila Sverkunova Medical Pc	3280 Nostrand Avenue, Suite 1la, Brooklyn, 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
No Tags	No deficiency details available.