Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	33D1054360	01/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
Staten Island Pediatric Hematology/Oncology	314 Seaview Avenue, Staten Island, 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.