Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 33D1070430	**(X3) Date Survey Completed** 04/25/2018
Name of Provider or Supplier Core Health Medical Pc	**Street Address, City, State** 3844 East Tremont Avenue, Bronx, 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.