Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 33D1087332	**(X3) Date Survey Completed** 04/23/2019
Name of Provider or Supplier Chelsea Village Medical Pc	**Street Address, City, State** 245 Fifth Avenue - 3rd Floor - Suite 350, New York, 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	An onsite survey conducted on April 23, 2019 found the Chelsea Villege Medical Physician Office Laboratory (POL) in compliance with 42 CFR Part 493, Requirements for Laboratories.