

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0307528	(X3) Date Survey Completed 06/18/2025
Name of Provider or Supplier Urology Assoc Pc-Skyline Medical Ctr	Street Address, City, State 3443 Dickerson Rd, Suite 160, Nashville, TN	
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	The Urology Associates, P.C.-Skyline laboratory was found to be in compliance with the requirements at 42 CFR, Part 493, 'Requirements for Laboratories' as a result of an onsite survey on June 18, 2025.