

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0871525	(X3) Date Survey Completed 02/12/2026
Name of Provider or Supplier Presidio Health Associates Llc Dbc Cat	Street Address, City, State 2611 N Warren Ave, Tucson, AZ	
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 Presidio Health Associates LLC DBA Catalina Post Acute Care and Rehabilitation laboratory was found to be in compliance with 42 CFR Part 493, Requirements for Laboratories as a result of a recertification survey on February 12, 2026.