

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0544125	(X3) Date Survey Completed 05/21/2019
Name of Provider or Supplier Howard Sofen Md	Street Address, City, State 8930 S Sepulveda Blvd, Ste 114, Los Angeles, CA	
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	THIS LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493. REQUIREMENTS FOR CLINICAL LABORATORIES.