Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0602093	02/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
John A Lenahan Md	595 Buckingham Way Ste 404, San Francisco, 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
No Tags	No deficiency details available.