

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0668307	(X3) Date Survey Completed 04/19/2019
Name of Provider or Supplier Family Planning Associates Medical	Street Address, City, State 2777 Long Beach Blvd Ste 200, Long Beach, 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.