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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 05D0874154 | (X3) Date Survey Completed 05/03/2019 |
| Name of Provider or Supplier Digestive Care Consultants | Street Address, City, State 23451 Madison St, Ste 290, Torrance, CA | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (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. |