

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0876462	(X3) Date Survey Completed 05/07/2018
Name of Provider or Supplier Family Planning Associates	Street Address, City, State 2322 Butano Dr Ste 205, Sacramento, 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.