Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D0929479	10/17/2018
Name of Provider or Supplier	**Street Address, City, State**	
Armen A Kassabian, Md	2701 W Alameda Ave Ste 506, Burbank, 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.