

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D1010973	<b>(X3) Date Survey Completed</b>  01/25/2023
<b>Name of Provider or Supplier</b>  Lan Su Dmd Phd	<b>Street Address, City, State</b>  31332 Via Colinas, Ste 109, Westlake Village, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	THIS LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493. REQUIREMENTS FOR CLINICAL LABORATORIES.