Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	05D1015246	08/04/2026
Name of Provider or Supplier	**Street Address, City, State**	
Gennady Rubinstein Md Inc	3959 Laurel Canyon Blvd Ste F, Studio City, 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
No Tags	No deficiency details available.