

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1079398	(X3) Date Survey Completed 07/23/2024
Name of Provider or Supplier Sharp Rees Stealy Clinics Laboratory	Street Address, City, State 10670 Wexford St, San Diego, 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. 42467