

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1092687	(X3) Date Survey Completed 01/07/2020
Name of Provider or Supplier Eye Associates Medical Group Inc	Street Address, City, State 14709 Lakeshore Dr, Clearlake, 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	The LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493, REQUIREMENTS FOR CLINICAL LABORATORIES.