

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2035409	(X3) Date Survey Completed 09/02/2025
Name of Provider or Supplier Arthritis Care And	Street Address, City, State 15525 Pomerado Rd Ste E6, Poway, 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
D5014	<p>GENERAL IMMUNOLOGY CFR(s): 493.1208</p> <p>If the laboratory provides services in the subspecialty of General immunology, the laboratory must meet the requirements specified in 493.1230 through 493.1256, and 493.1281 through 493.1299.</p> <p>This CONDITION is not met as evidenced by: No deficiency details available.</p>