

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2047227	(X3) Date Survey Completed 08/13/2021
Name of Provider or Supplier Aida K. Rechdouni Md Inc	Street Address, City, State 2750 Pineridge Pl, La Crescenta, 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.