

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2138758	(X3) Date Survey Completed 11/28/2022
Name of Provider or Supplier Exer Medical Corporation	Street Address, City, State 25548 The Old Road, Ste U1, Santa Clarita, 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.