

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2144309	(X3) Date Survey Completed 12/21/2018
Name of Provider or Supplier Kalia Dermatology And Laser Center	Street Address, City, State 15055 Los Gatos Blvd Ste 100, Los Gatos, 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.