

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2333259	(X3) Date Survey Completed 08/11/2026
Name of Provider or Supplier Tracy Valpico Urgent Care	Street Address, City, State 599 E Valpico Rd, 1st Fl, Tracy, 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	A proficiency testing desk review survey was performed on August 11, 2026, the laboratory was found not in compliance with the following CONDITION LEVEL DEFICIENCIES D2016 - 42 C.F.R. 493.803 Condition: Successful [proficiency testing] participation; and D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director.