Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001061	07/17/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pacific Eye Institute	555 N 13th Avenue, Upland, 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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
Q0000	The following reflects the findings of the California Department of Public Health during the recertification survey conducted on July 14, 2025, through July17, 2025. Census: 8 Sample Size: 20 The following conditions were not met: Governing Body and Management Quality Assurance and Performance Improvement Laboratory Services Patient Right Infection Control Deficiencies were issued during this recertification survey.