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)
Q0200	LABORATORY AND RADIOLOGIC SERVICES CFR(s): 416.49 This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to have the laboratory contracted services for 9749 of 9749 patients receiving care from January 1, 2024, through July 17, 2025, when the facility was unable to provide a contractual agreement or a well-defined laboratory service plan (Refer to Q0201). The cumulative effects of this systemic problem resulted in the facility's inability to ensure the provision of quality health care and laboratory services to the patients received care from this healthcare facility.