

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05P001	<b>(X3) Date Survey Completed</b>  04/02/2014
<b>Name of Provider or Supplier</b>  Lifesharing	<b>Street Address, City, State</b>  7436 Mission Valley Road, San Diego, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>Z0000</b>	The following reflect the findings during a recertification survey conducted by the Centers for Medicare and Medicaid Services (CMS) from March 31, 2014 to April 2, 2014.