

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05P001	(X3) Date Survey Completed 03/17/2022
Name of Provider or Supplier Lifesharing	Street Address, City, State 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.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	On behalf of the Centers for Medicare & Medicaid Services (CMS), an unannounced on-site Recertification Survey conducted at the above-named Organ Procurement Organization (OPO) from 03/14/22 through 03/17/22 resulted in substantial compliance respective to the Emergency Preparedness Program Condition of Participation under 42 CFR 485.625.