

FACILITY INFORMATION

Facility Name: Lake Side Diagnostics Center, Inc.

National Provider Identifier(NPI): 1558550129

Address: 6719 Greenbush Avenue

City/State/Zip Code: Van Nuys, CA 91401

Business Telephone Number:

Reason for Visit:

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or Interviewee(s) 1

Yevgeny Kanzburg, Owner

Name of Authorized Representative(s) or Interviewee(s) 2

Oleg Geller, Technician

Name of Authorized Representative(s) or Interviewee(s) 3

Name of Authorized Representative(s) or Interviewee(s) 4

2. VISIT DATES

Date of First Visit

07/06/2022



Time of First Visit

01:00 PM

Date of Second Visit

07/08/2022



Time of Second Visit

02:15 PM

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☐ Yes
☒ No

Private Residence

- ☒ Yes
☐ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☐ Yes
☒ No

3. Were there patients in the facility during the inspection?

- ☐ Yes
☒ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☐ Yes
☐ No
☒ N/A

Office Suite-Office Building

- ☐ Yes
☒ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

Lake Side Diagnostics Center is a mobile provider, and inspection was conducted at private residential administrative office.

If "No", Please Describe

Lake Side Diagnostics Center is a mobile IDTF provider.

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
- ☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☒ Yes
- ☐ No

If "No", Please Describe

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

If "No", Please Describe

☒ Yes

☐ No

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

If "No", Please Describe

☒ Yes

☐ No

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

If "No", Please Describe

☒ Yes

☐ No

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

The provider solicits new business through referrals based upon personal relationships.

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☒ Yes
☐ No

If "No", Please Describe

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☒ Yes
☐ No

If "No", Please Describe

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☒ Yes
☐ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

Doctor Spencer Silverbach is the supervising physician.

3. Is the supervising physicians(s) on site?

- ☐ Yes
☒ No

If "No", Please Describe

The supervising physician was not present during the first and second visit. The provider reported Doctor Silberbach was in Sacramento.

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☒ Yes
☐ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

If "Other", Please Describe

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or its Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

9:00 AM

Monday - Time Close

5:00 PM

Monday - Appointment Needed

No

Tuesday - Time Open

9:00 AM

Tuesday - Time Close

5:00 PM

Tuesday - Appointment Needed

No

Wednesday - Time Open

9:00 AM

Wednesday - Time Close

5:00 PM

Wednesday - Appointment Needed

No

Thursday - Time Open

9:00 AM

Thursday - Time Close

5:00 PM

Thursday - Appointment Needed

No

Friday - Time Open

9:00 AM

Friday - Time Close

5:00 PM

Friday - Appointment Needed

No

Saturday - Time Open

Closed

Saturday - Time Close

Closed

Saturday - Appointment Needed

No

Sunday - Time Open

9:00 AM

Sunday - Time Close

5:00 PM

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

B. Additional Comments (if none, please check N/A)

☐ N/A

Additional Comments

First Visit - 07/06/2022 - Despite the site visit being prescheduled, the provider did not have the mobile equipment available at inspection location.

Second Visit-07/08/2022 - The inspector returned to complete the site visit with the equipment available onsite. The calibration log and maintenance log are on the same form. All photos are confirmed to clearly show the job order details.

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

- ☐ Yes
☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



Date: 07/06/2022 01:21 PM PDT
Latitude: 34.19269558462543
Longitude: -118.42593613212064

Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



Date: 07/06/2022 01:21 PM PDT
Latitude: 34.19269558462543
Longitude: -118.42593613212064

E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

07/08/2022



Signature of Declarant



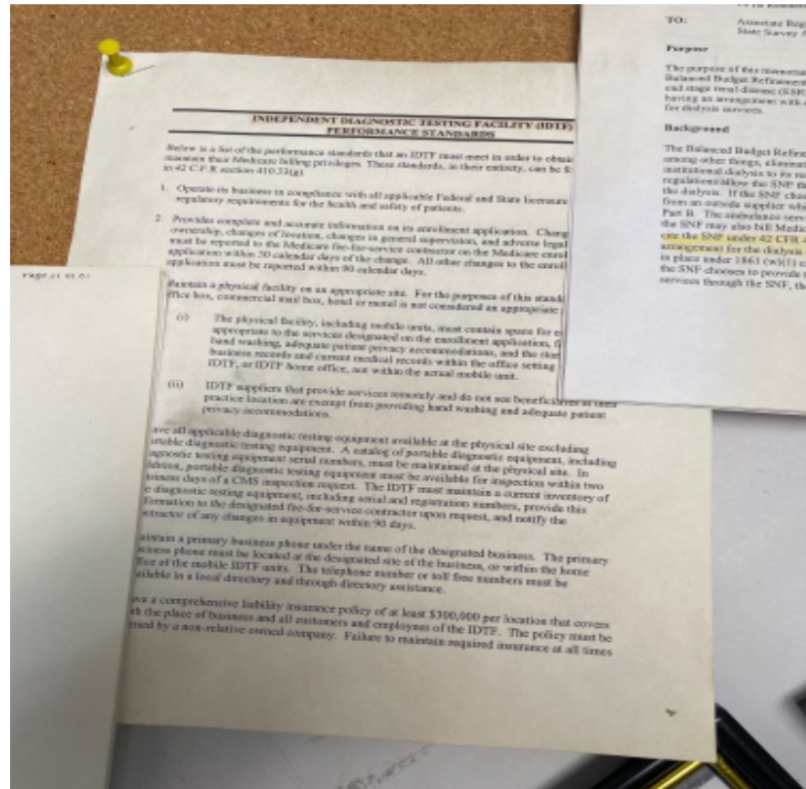
Printed Name

Mikel Brown

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Date: 07/06/2022 01:42 PM PDT
Latitude: 34.19285418358691
Longitude: -118.4257008135218

42 CFR



Date: 07/06/2022 01:11 PM PDT
Latitude: 34.192200790945655
Longitude: -118.41932589949656

Address



Date: 07/06/2022 01:17 PM PDT
Latitude: 34.192200790945655
Longitude: -118.41932589949656

Business Records Storage



Date: 07/06/2022 01:11 PM PDT
Latitude: 34.192200790945655
Longitude: -118.41932589949656

Business Signage

EQUIPMENT MAINTENANCE LOG

[illegible]

CALIBRATION SHOULD BE DONE AT LEAST ONCE A YEAR

Calibration Log



(Corporate office)
6719 Greenbush Avenue
Van Nuys, CA 91411
Tel. (818) 985-1999* Fax (818) 985-1229

CURRENT EQUIPMENT LIST

1. Biosound MOD, Genesis 3000AP, ser. #07048 Sold in April, 2022
2. Micromax, ser. # 035376

Catalog of Portable Equipment (If applicable)

COMPLAINT RESPONSE FORM*
(Lakeside Diagnostics Center, Inc.)

Patient Name: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Bus. Phone: (____) _____

Insurance claim # (if known): _____

Actions taken to resolve the complaint (summary):

Actions taken by: _____ Title _____

Signature: _____ Date: ____/____/____

* Copy must be placed in to patient's records and a complaint file. An original must be provided to the patient.

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Date: 07/06/2022 12:54 PM PDT
Latitude: 34.1928500421154
Longitude: -118.42585373784861

Complaint Forms

Patient complains

Lakeside Diagnostics Center, Inc.

Patients whom have a complaint will immediately be given our "Patient Complaint Form" to fill out. Once a complaint form has been filled out, sonographer is to notify both the clinic doctor/manager and his/hers base of operation (Lakeside Diagnostics Center, Inc.) immediately. Following people must be notified immediately :

- Referring physician and/or clinic manager
- Chief operation officer (COO)
- President
- Supervising Physician (quality issues).

All complains must be handled promptly by any of the abovementioned personnel.

Referring physician must be notified in case of patient refusal to undergo the study ordered, by any of the abovementioned personnel.

A separate complaint file for every complaint must be kept at the office and reviewed by the management and personnel on the monthly staff meetings.

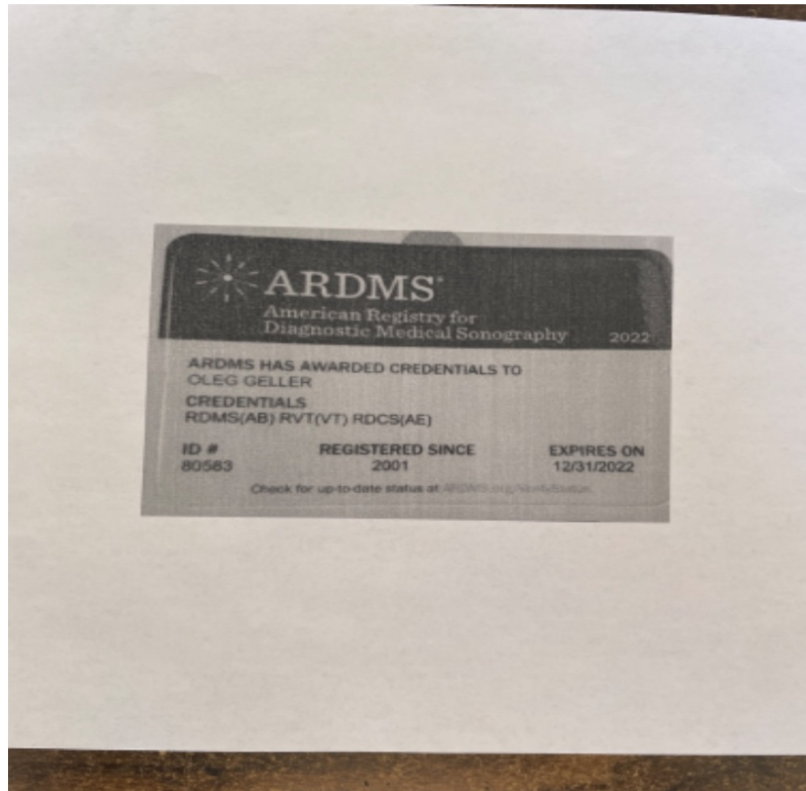
An investigation must be conducted by any of the management personnel immediately.

After an investigation has been conducted a written response on the complain must be provided to the patient and kept in patient's records and a complaint file.

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Date: 07/06/2022 12:53 PM PDT
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Longitude: -118.42585373784861

Complaint Policy



Date: 07/06/2022 01:19 PM PDT
 Latitude: 34.192200790945655
 Longitude: -118.41932589949656

Credentials



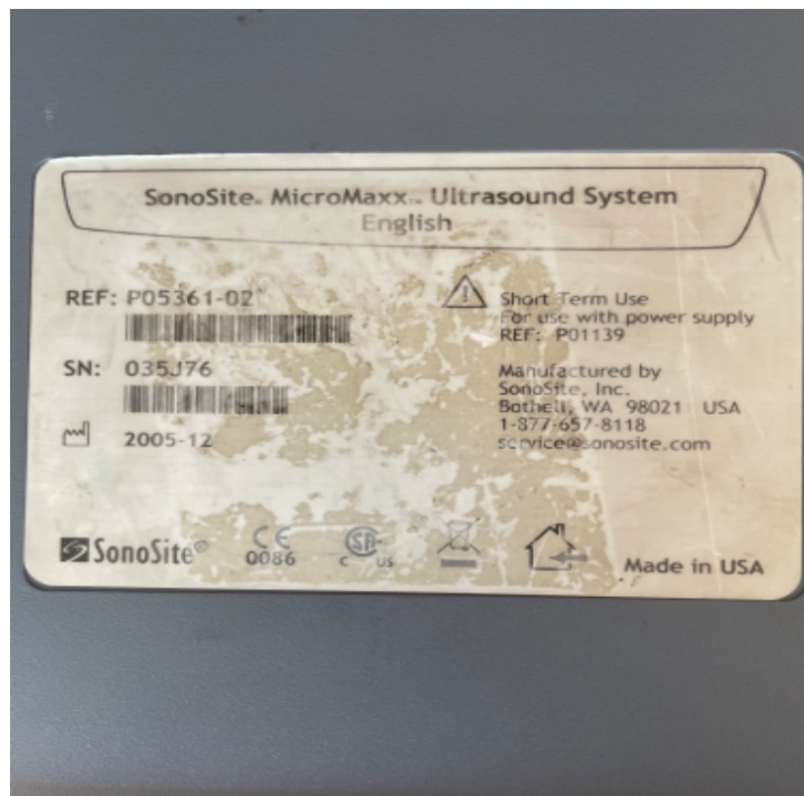
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Credentials 2



Date: 07/08/2022 02:29 PM PDT
Latitude: 34.1927391244418
Longitude: -118.42597746301294

Equipment



Date: 07/08/2022 02:30 PM PDT
Latitude: 34.1927391244418
Longitude: -118.42597746301294

Equipment serial number



Date: 07/08/2022 02:36 PM PDT
Latitude: 34.19289751262009
Longitude: -118.42586179940895

If Applicable, 2nd Visit Front Entrance View



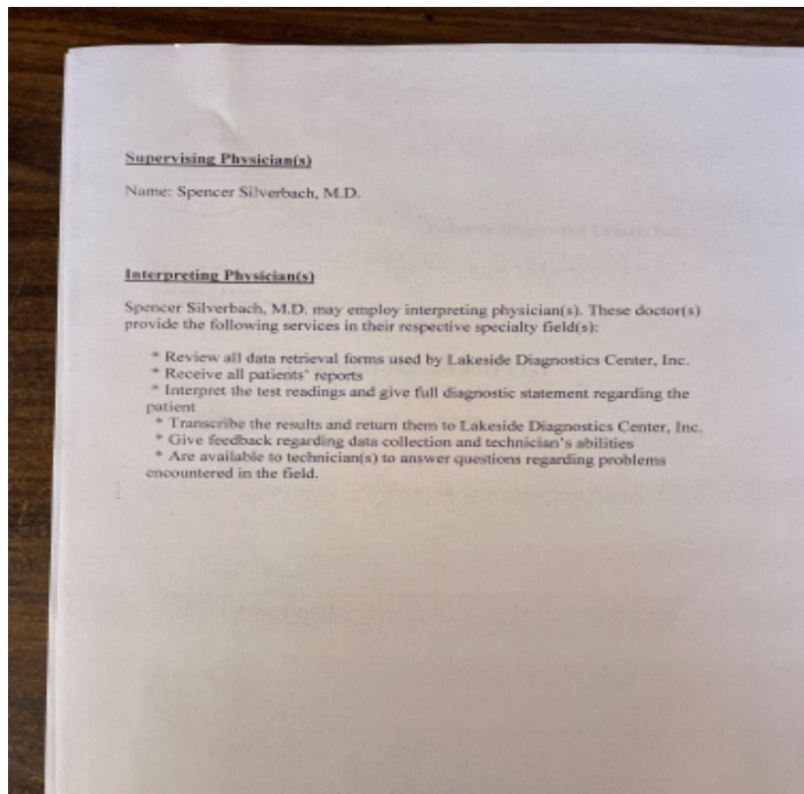
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Longitude: -118.42586179940895

If Applicable, 2nd Visit Exterior View



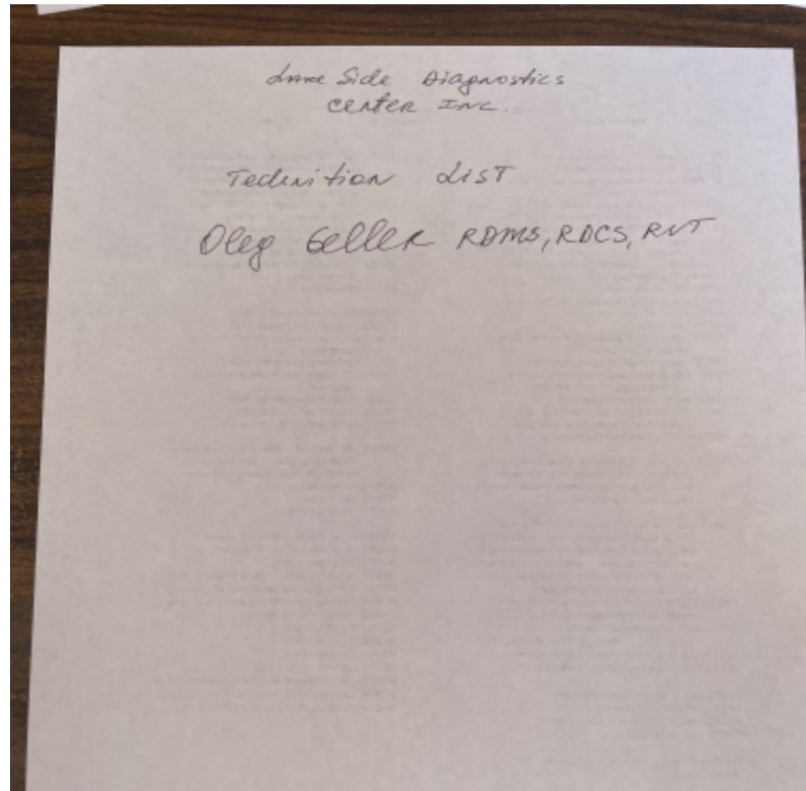
Date: 07/06/2022 01:16 PM PDT
Latitude: 34.192200790945655
Longitude: -118.41932589949656

Medical Records Storage



Date: 07/06/2022 01:34 PM PDT
Latitude: 34.19259843589105
Longitude: -118.43477310234319

Supervising Physician List



Date: 07/06/2022 01:07 PM PDT
Latitude: 34.19287643552519
Longitude: -118.42597996024097

Technician List