Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2178013	08/11/2026
Name of Provider or Supplier	**Street Address, City, State**	
Arkansas Dermatology	106 S Inglewood, Suite B, Russellville, AR	

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
No Tags	No deficiency details available.