

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D1062915	(X3) Date Survey Completed 02/18/2026
Name of Provider or Supplier Medderm Associates, Inc	Street Address, City, State 3965 5th Ave, Ste 200, 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
D0000	THIS LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493. REQUIREMENTS FOR CLINICAL LABORATORIES.