Department of Health & Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0391

Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 05D2025712	**(X3) Date Survey Completed** 10/22/2020
Name of Provider or Supplier Advanced Dermatology & Skin Surgery Inc	**Street Address, City, State** 4155 Moorpark Ave Ste 3, San Jose, 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.