

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 06D0514547	(X3) Date Survey Completed 02/12/2018
Name of Provider or Supplier Center For Advanced Dermatology	Street Address, City, State 3455 South Yarrow St Suite 108, Lakewood, CO	
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.