Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	07D0100417	01/25/2018
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Assoc Of Western Ct Pc	170 Mount Pleasant Rd, Suite 201, Newtown, CT	

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.