Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	09D2131870	07/28/2026
Name of Provider or Supplier	**Street Address, City, State**	
Integrated Dermatology Of I Street	900 17th Street Suite 300, Washington, DC	

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	A recertification survey was conducted on 7/28/26. Standard level deficiencies were cited.