

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 09D2136624	(X3) Date Survey Completed 07/29/2026
Name of Provider or Supplier Integrated Dermatology Of 19th Street Llc	Street Address, City, State 1145 19th Street Nw Suite 301, 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 7/29/26. Standard level deficiencies were cited.