

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0270011	(X3) Date Survey Completed 07/31/2026
Name of Provider or Supplier Dermatology Associates Of Tallahassee Pa	Street Address, City, State 1707 Riggins Rd, Tallahassee, FL	
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	An announced CLIA recertification survey was conducted at Dermatology Associates of Tallahassee, PA on 07/31/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows: