

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 10D0676760	<b>(X3) Date Survey Completed</b> 09/19/2024
<b>Name of Provider or Supplier</b> Dermatology Group Of Florida, Pa	<b>Street Address, City, State</b> 4308 Alton Rd Ste 750, Miami Beach, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A recertification survey was conducted on September 9 to 19, 2024. Dermatology Group Of Florida, PA clinical laboratory was in compliance with 42 CFR 493, requirements for clinical laboratories.