Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D0948145	**(X3) Date Survey Completed** 07/07/2026
Name of Provider or Supplier American Institute Of Dermatology Pa	**Street Address, City, State** 3109 Medical Way, Sebring, 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 American Institute of Dermatology PA on 07/07/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows: