

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0948846	(X3) Date Survey Completed 03/06/2025
Name of Provider or Supplier Aqua Dermatology Of Florida Pa	Street Address, City, State 301 Ne 19th Dr, Okeechobee, 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 onsite recertification survey was conducted at Aqua Dermatology of Florida PA on March 6, 2025. The laboratory was in compliance with 42 CFR Part 493, Requirements for Laboratories.