

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D0992170	<b>(X3) Date Survey Completed</b>  01/12/2018
<b>Name of Provider or Supplier</b>  Group M Dermatology Pa D/B/A	<b>Street Address, City, State</b>  2101 Us Hwy 1, Jupiter, 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>No Tags</b>	No deficiency details available.