Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2120155	07/15/2026
Name of Provider or Supplier	**Street Address, City, State**	
Associates In Dermatology	8381 Riverwalk Park Blvd Ste 202, Fort Myers, 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 Associates in Dermatology MOHS Laboratory on 7/15/2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows: