Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2158758	06/23/2026
Name of Provider or Supplier	**Street Address, City, State**	
Dermatology Associates Of The Palm Beaches, Pllc	2160 Duck Slough Blvd - Ste 103, Trinity, 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 initial survey was conducted at Dermatology Associates of the Palm Beaches PLLC on June 12-23, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows: