

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2174138	<b>(X3) Date Survey Completed</b>  01/31/2022
<b>Name of Provider or Supplier</b>  Luminary Dermatology P.A.	<b>Street Address, City, State</b>  2101 61st St West, Bradenton, 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>D0000</b>	Luminary Dermatology P.A. clinical laboratory is in compliance with the 42 CFR Part 493, Requirements for Laboratories. A CLIA recertification survey was conducted 01 /31/22.