

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2193309	(X3) Date Survey Completed 12/03/2024
Name of Provider or Supplier Miami Center For Dermatology	Street Address, City, State 7700 Sw 104th St 2nd Floor, Pinecrest, 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	A recertification survey was conducted from November 25, 2024 to December 3, 2024. MIAMI CENTER FOR DERMATOLOGY clinical laboratory was in compliance with 42 CFR 493, requirements for clinical laboratories.