

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D2250248	<b>(X3) Date Survey Completed</b>  02/26/2026
<b>Name of Provider or Supplier</b>  Premier Dematology Of Florida, Llc	<b>Street Address, City, State</b>  109 Whitehall Dr Unit 117, St Augustine, 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>	An onsite recertification survey conducted 2/26/26 found Premier Dermatology of Florida in compliance with 42 CFR Part 493, Requirements for Laboratories.