Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D2290750	**(X3) Date Survey Completed** 08/10/2026
Name of Provider or Supplier Dermatology360 Llc	**Street Address, City, State** 6705 Red Road Suite 518, Coral Gables, 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 DERMATOLOGY360 LLC on August 10, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiency cited as follows: