

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D1028502	<b>(X3) Date Survey Completed</b>  08/14/2025
<b>Name of Provider or Supplier</b>  Southern Illinois Dermatology	<b>Street Address, City, State</b>  100 W Main St, Salem, IL	
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>	The laboratory was found to be in substantial compliance with CLIA regulations 42 CFR Part 493. No deficiencies were cited.