Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D2291385	(X3) Date Survey Completed 05/06/2024
Name of Provider or Supplier Dermatology Center Of Southern Indiana, Pc	**Street Address, City, State** 2114 E Rock Creek Dr, Bloomington, IN	
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	The laboratory was found to be in substantial compliance with CLIA regulations (42 CFR 493, effective April 24, 2003). No deficiencies were cited.