

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 23D0858935	(X3) Date Survey Completed 05/01/2018
Name of Provider or Supplier Base Of The Bays Dermatology, Pc	Street Address, City, State 3950 Shore Road, Williamsburg, MI	
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
No Tags	No deficiency details available.