

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D1089124	(X3) Date Survey Completed 08/21/2018
Name of Provider or Supplier Ny Medical Skin Solutions, Pllc	Street Address, City, State 345 E 37th Street, Suite 301, New York, NY	
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	No deficiencies were cited at the survey of August 21, 2018 and the above Physician Office Laboratory (POL) was found to be in compliance with the requirements of 42 CFR 493.