

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D0238143	<b>(X3) Date Survey Completed</b>  01/14/2019
<b>Name of Provider or Supplier</b>  Central Carolina Dermatology Clinic, Inc	<b>Street Address, City, State</b>  4010 Mendenhall Oaks Parkway, High Point, NC	
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>	Revisit survey found the deficiencies cited during the May 22, 2017 on-site survey are corrected and the laboratory is in compliance with 42 CFR Part 493 Requirements for Laboratories.