Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2097373	08/20/2018
Name of Provider or Supplier	**Street Address, City, State**	
Dermsouth Pa	10970 Shadow Creek Parkway Suite 340, Pearland, TX	

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.