

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 46D2097163	(X3) Date Survey Completed 01/11/2018
Name of Provider or Supplier Legacy Dermatology Pllc	Street Address, City, State 320 W 500 S Suite 210, Bountiful, UT	
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.