

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  49D2020079	<b>(X3) Date Survey Completed</b>  05/21/2025
<b>Name of Provider or Supplier</b>  Washington Dermatology Consultants	<b>Street Address, City, State</b>  125 Hospital Center Boulevard - Suite 313, Stafford, VA	
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>	An announced CLIA recertification survey was conducted at Washington Dermatology Consultants on May 21, 2025 by the Virginia Department of Health's Office of Licensure and Certification. The laboratory was surveyed under 42 CFR part 493 CLIA Regulations. Washington Dermatology Consultants is in compliance with the applicable Conditions and Standards under 42 CFR part 493 CLIA Regulations.