Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2142114	(X3) Date Survey Completed 05/21/2018
Name of Provider or Supplier Oak Dermatology	**Street Address, City, State** 550 E Devon Ave - Ste 200, Itasca, IL	
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
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on review, procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. Finding: 1. Review of the Plan of Correction signed by the laboratory director and dated 05/18/18 and submitted evidence revealed that new written procedures were submitted as evidence of correction. There was no documentation to show that the laboratory director approved, signed, and dated the new procedures that were submitted 05/18/18.