

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  38D1028702	<b>(X3) Date Survey Completed</b>  05/20/2026
<b>Name of Provider or Supplier</b>  Advanced Skin Center	<b>Street Address, City, State</b>  1813 W Harvard Suite 310, Roseburg, OR	
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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory procedures and interview with the laboratory manager, the laboratory failed to ensure the laboratory director (LD) approved and signed all laboratory procedures. Findings include: 1. Review of the laboratory procedures produced during the survey revealed that the LD had not approved or signed several of the procedures. 2. Interview with the laboratory manager at 1:45pm on 05/20/2026 confirmed the above findings. 3. The laboratory performs 18,710 total tests annually.</p>