

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 42D1107252	<b>(X3) Date Survey Completed</b> 03/20/2025
<b>Name of Provider or Supplier</b> May River Dermatology	<b>Street Address, City, State</b> 7 Arley Way, Suite 101, Bluffton, SC	
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 on-site announced CLIA recertification survey was conducted on March 20, 2025, at the clinical laboratory of May River Dermatology by the South Carolina Department of Public Health's (SC DPH) Bureau of Nursing Homes and Medical Services. The laboratory was found to be out of compliance with 42 CFR Part 493, CLIA Requirements for Laboratories. The following is a list of Standard Level deficiencies found as a result of the March 20, 2025 survey:
<b>D5209</b>	<p><b>PERSONNEL COMPETENCY ASSESSMENT POLICIES</b> CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on records review, lack of documentation, and staff interview, the laboratory failed to have a written policy and procedure for employee competency assessments. Findings included: 1. Review of the laboratory policy manual reveals a lack of a written policy and procedure for employee competency assessments. 2. In an interview with the office manager on March 20, 2025 at 12:15 pm in the laboratory office, the finding was confirmed.</p>