Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	42D2079058	07/30/2026
Name of Provider or Supplier	**Street Address, City, State**	
Seaside Dermatology, Pa	4017 Hwy 17, Suite 200, Murrells Inlet, SC	

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) (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 records review and staff interview, the laboratory failed to have documentation of the laboratory director's review and approval of the procedure manual in use. Findings included: 1. Review of procedure documentation reveals the use of a publication " CLIA Manual, A Guide for Dermatology Practices" in use as the procedure manual for the laboratory. 2. The above mentioned procedure manual lacked the signature and date of approval by the labotaory director. 3. In an interview with the practice manager on July 20, 2026 at 1:00pm in the laboratory office, the findings were confirmed.