

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  42D2147843	<b>(X3) Date Survey Completed</b>  10/21/2025
<b>Name of Provider or Supplier</b>  Carolinas Dermatology Florence	<b>Street Address, City, State</b>  1929 Mountain Laurel Ct, Florence, 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 announced onsite CLIA recertification survey was conducted on October 21, 2025, at the laboratory of Carolina Dermatology of Florence by the South Carolina Department of Public Health (SC DPH) Bureau of Nursing Homes and Medical Services. The laboratory was found to be in compliance with Medicare condition 42 CFR Part 493, CLIA requirements for laboratories