

5 Costly Mistakes Med Spas Are Making in 2026 (That Hurt Profit or Shut Them Down)

Across South Carolina and beyond, med spas are expanding faster than ever. New services are being added, patient demand is strong, and revenue opportunities—especially around peptides, GLP-1 programs, and IV therapies—continue to grow.

But behind that growth, a different pattern is emerging.

After visiting and working with a wide range of facilities, several consistent issues continue to surface. Not major breakdowns, but smaller operational gaps that tend to go unnoticed until they create bigger problems.

Here are five of the most common.

1. Labeling Is Often Overlooked—Until It Matters

In many clinics, medications are being prepared and used correctly in the moment, but not labeled in a way that holds up over time.

It's not unusual to find:

- Pre-drawn syringes with no identification
- IV bags without clear labeling
- Opened multi-dose vials with no date or initials

Staff may know what something is when it's prepared, but that clarity doesn't carry over between shifts or team members.

Without clear labeling, there's no reliable way to confirm what a product is, when it was prepared, or who handled it, especially if questions arise later.

2. Expired Medications Are Still Showing Up in Active Inventory

Another issue that continues to appear is expired product remaining on shelves alongside active inventory.

In most cases, it's not intentional. Clinics are busy, and without a consistent system for checking expiration dates, items get missed.

The concern isn't just waste. It's visibility.

Expired medications are one of the easiest things to identify during any review, and they often point to a larger lack of routine oversight.

3. High-Demand Services Are Being Added Without Full Visibility Into Sourcing

As demand for peptides, GLP-1s, and similar services increases, clinics are moving quickly to offer them.

What's less clear in many cases is how those products are being sourced and brought into the clinic.

Examples seen across facilities include:

- Ordering peptides from research-based suppliers
- Receiving products from out-of-state sources that aren't permitted to ship product into your state
- Assuming availability equals appropriateness

The issue isn't the service itself, it's the lack of clarity around how it fits into the overall operation.

When sourcing isn't fully understood, clinics can find themselves in situations they didn't anticipate. There is a reason large research companies like Peptide Sciences shut down overnight. We have to be more careful about where we are sourcing from and do our own research on what is legal and what is not. If a peptide such as BPC-157, GHK-Cu, etc. are still on the FDA Category 2 list (which they are at the time this article was written), then they can't legally be compounded even if a 503a pharmacy is permitted in your state and offers to ship them to you.

4. The Wrong People Are Mixing Medications

This is one of the most common—and most serious—issues I see.

- IV bags being mixed by staff who should not be compounding
- RNs mixing when that's not allowed in South Carolina
- No documented training on file for those preparing medications

In South Carolina, compounding is limited to a **pharmacist or practitioner**, and proper training must be documented.

Most clinics assume:

“We’ve been doing it this way and it’s fine.”

But when you look closer:

- roles aren’t clearly defined
- training isn’t documented
- and processes aren’t consistent

If you can’t clearly show **who is mixing and that they’re trained**, it needs to be fixed.

5. Controlled Substances Are Not Always Being Tracked Consistently

In clinics offering hormone therapies or certain IV services, controlled substances—such as testosterone—require careful tracking.

What’s often found instead:

- Incomplete or inconsistent administration logs
- Inventory that doesn’t match what’s on hand
- No clear reconciliation between what was received and what was used
- Controlled substance invoices mixed in with non-controlled invoices

At a glance, everything may appear in order. But when reviewed more closely, the lack of a consistent system becomes obvious.

This is one of the areas where small discrepancies can lead to larger concerns if not addressed early. In SC, the Bureau of Drug Control takes this very seriously and if there’s one agency I don’t want to piss off, it’s them.

A Broader Pattern

Beyond these five areas, other recurring observations include:

- Handling of single-use vials in ways that raise sterility concerns (i.e. toxin handling practices)
- Patient-specific medications being used across multiple patients
- Practices that are common across clinics, but not always structured in a way that holds up under review

In many cases, these approaches are based on what's widely accepted or commonly done—not necessarily on how they should be handled long term.

What This Means for Med Spas in 2026

Most of the clinics experiencing these issues are not struggling businesses. They are growing, busy, and focused on meeting patient demand.

That's exactly why these gaps develop.

When growth outpaces structure, the details that matter most tend to get overlooked.

And those details—labeling, tracking, sourcing, consistency—are what determine whether a clinic can continue operating smoothly as it scales.

Think This Might Be Happening in Your Clinic?

Most owners don't realize these issues are there until someone actually looks.

If even one of these stood out, there's usually more going on behind the scenes.

SC Facilities Should Start With a Risk Scorecard And Do Their Own Assessment

You review your current setup and help you identify:

- where gaps may exist
 - what needs attention
 - and what to address before it becomes a bigger issue
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Who This Is For

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