

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D0413174	(X3) Date Survey Completed 01/20/2026
Name of Provider or Supplier Lakeside Dermatology, A Forefront Derm Practice	Street Address, City, State 1240 N Milwaukee Ave - Ste A, Libertyville, IL	
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
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, laboratory records, lack of documentation, and interview with the laboratory representative; the laboratory failed to perform biannual method accuracy evaluations for microscopic potassium hydroxide (KOH) wet mount testing for one of two years reviewed, 2025. Findings include: 1. Review of laboratory policies and procedures revealed the procedure titled "KOH Examination and QC", which stated, under "Accuracy:", "1. Verification of the accuracy of the KOH prep is completed with each Provider Performed Microscopy (PPM)." 2. Review of laboratory records revealed the laboratory lacked documentation of biannual method accuracy evaluations for microscopic KOH wet mount testing for 2025. 3. Interview with the laboratory representative on 01/20/2026, at 11:57 am, confirmed the laboratory failed to perform biannual method accuracy evaluations for microscopic KOH wet mount testing for one of two years reviewed, 2025.</p>
D5219	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(2)</p> <p>(c)(2) Any test or procedure listed in subpart I of this part for which compatible proficiency testing samples are not offered by a CMS-approved proficiency testing program.</p> <p>This STANDARD is not met as evidenced by:</p>

Based on review of laboratory policies and procedures, laboratory records, lack of documentation, and interview with the laboratory representative; the laboratory failed to perform biannual method accuracy evaluations for microscopic scabies wet mount testing for two of two years reviewed, 2024 and 2025. Findings include: 1. Review of laboratory policies and procedures revealed the procedure titled "Ectoparasite/ Wet Mount Examination", which stated, under "Accuracy:", "1. Verification of the accuracy of the ectoparasite prep is completed with each Provider Performed Microscopy (PPM)." 2. Review of laboratory records revealed the laboratory lacked documentation of biannual method accuracy evaluations for microscopic scabies wet mount testing for 2024 and 2025 3. Interview with the laboratory representative on 01 /20/2026, at 11:57 am, confirmed the laboratory failed to perform biannual method accuracy evaluations for microscopic scabies wet mount testing for two of two years reviewed, 2024 and 2025.