Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	14D0678742	11/22/2019
Name of Provider or Supplier	**Street Address, City, State**	
Pinski Dermatology & Cosmetic Surgery	150 N Michigan Ave, Ste 1200, Chicago, 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	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on records review, manual, and an interview with the office staff, the laboratory failed to verify the accuracy of the Histopathology testing the laboratory performs for the years of 2018 and 2019. Findings include: 1. American Society For Mohs Surgery (ASMS) Peer reviews, patients' test reports, and laboratory manual were reviewed. 2. The patients' test reports revealed that the laboratory had been performing Mohs surgery procedures during the years of 2018 and 2019. 3. The documentation showed that the last ASMS Peer Review in which the Mohs surgeon participated was dated 06 /28/2017. 4. The laboratory's failed to participate in the ASMS Peer Reviews biannually to verify the accuracy it's Mohs surgery procedure for the years of 2018 and 2019 5. On a Recertification survey conducted on 11/22/2019 at 11:45 AM, the office staff confirmed the above findings.
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on direct observation, record review, and an interview with the office staff, the

	laboratory failed to follow written procedures for the Hematoxylin and Eosin (H&E) staining, affecting 6 out of 6 patients. Findings include: 1. The laboratory procedures manual, the patients' test logs and their H&E stained slides were reviewed. 2. The testing personnel is required to document the source of the tissue on the slide that is to be processed for H&E staining. 3. The H&E slides from the following dates were reviewed: 02/26/2018, 07/30/2018, 10/29/2018, 01/21/2019, 06/24/2019, and 09/30 /2019. 4. The patients' test log and H&E slides showed the tissue sites for 6 out of 6 patients were not written on their respective slides. 5. On a Recertification survey conducted on 11/22/2019 at 11:45 AM, the office staff confirmed the above findings.