

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D0889595	(X3) Date Survey Completed 04/14/2026
Name of Provider or Supplier Prism Holistic Care Ltd	Street Address, City, State 33 W Grand Ave, 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
D5221	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d)</p> <p>All proficiency testing evaluation and verification activities must be documented.</p> <p>This STANDARD is not met as evidenced by: Based on review on laboratory policies and procedures, College of American Pathologists (CAP) proficiency testing (PT) records, lack of documentation, and interview with the technical supervisor (TS); the laboratory failed to ensure corrective action was taken for one of one unacceptable PT performance in the subspecialty of virology. Findings include: 1. Review of laboratory policies and procedures revealed the policy titled "Quality Management System", which stated, under "Participation in External Proficiency Testing Programs:", a. "Root Cause Analysis: Conduct a root cause analysis to identify the factors contributing to any discrepancies or failures in proficiency testing." b. "Corrective Actions: Implement corrective actions to address the identified issues and prevent recurrence. Document all corrective actions and monitor their effectiveness in subsequent proficiency testing cycles." 2. Review of CAP PT records revealed a lack of corrective action documentation for one of one unacceptable PT performance. Year/Event: Specimen: Result: 2023 - Event C ID3-14 Unacceptable 3. Interview with the TS on 04/14/2026, at 12:12 pm, confirmed the laboratory failed to ensure corrective action was taken for one of one unacceptable PT performance in the subspecialty of virology.</p>
D6091	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)(iii)</p> <p>(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and</p>

This STANDARD is not met as evidenced by:

Based on review of College of American Pathologists (CAP) proficiency testing (PT) records, lack of documentation, and interview with the technical supervisor (TS); the laboratory director (LD) failed to ensure two of five PT event results were reviewed by an authorized individual from 2024 through the date of survey, 04/14/2026, in the subspecialty of virology. Findings include: 1. Review of CAP PT records for virology testing revealed a lack of documentation of review by an authorized individual for two of five PT event results received from 2024 through the date of survey, 04/14/2026. Year/Event: Reviewed by: 2025 - Event A TP* #2 2025 - Event B TP #2 *TP = Testing Personnel 2. Interview with the TS on 04/14/2026, at 3:03 pm, confirmed the LD failed to ensure two of five PT event results were reviewed by an authorized individual from 2024 through the date of survey, 04/14/2026, in the subspecialty of virology.