

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D1009033	(X3) Date Survey Completed 02/24/2026
Name of Provider or Supplier Advanced Dermatology, A Forefront Dermatology Prac	Street Address, City, State 275 Parkway Dr, Lincolnshire, 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 the laboratory's policy and procedure manual, laboratory records, lack of documentation, and interview with laboratory representative; the laboratory failed to perform two of four bi-annual method accuracy evaluations for Mohs dermatopathology testing. Findings Include: 1. Review of laboratory policy and procedure manual titled "Proficiency Testing Policy" stated: "Twice annually 4-5 patients will be randomly chosen from our mohs cases for review by an outside lab /reviewer for accuracy." 2. Review of laboratory records found one bi-annual method accuracy evaluation for Mohs dermatopathology testing in 2024 and one bi-annual method accuracy evaluation for Mohs dermatopathology testing in 2025 3. Interview with laboratory representative on 02-24-26 at 1:05 pm confirmed the laboratory failed to complete bi-annual method accuracy evaluations twice annually as outlined in laboratory policy.</p>
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 of the laboratory's policy and procedure manual, laboratory records, lack of documentation, and interview with the laboratory representative; the</p>

laboratory failed to evaluate/review results of biannual method accuracy evaluations for two of two dermatopathology events performed in 2024 and 2025. Findings include: 1. Review of laboratory policy and procedure manual titled "Proficiency Testing Policy" stated: "The results of the proficiency testing (PT) will be forwarded to the laboratory director within one week of their return from the outside reviewer. The director will carefully evaluate any unacceptable, unsatisfactory or unsuccessful proficiency testing results in an effort to identify the cause of the failure. 2. Review of laboratory records revealed the laboratory director failed to evaluate peer reviewed dermatopathology interpretations in 2024 and 2025. Date of review by outside lab: 01-29-2026 02-20-2025 3. Interview with the laboratory representative on 02-24-2026, at 1:10 pm, confirmed the laboratory failed to evaluate/review results of biannual method accuracy for the two biannual method accuracy evaluations sent out in 2024 and 2025.