

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D1029865	<b>(X3) Date Survey Completed</b>  09/16/2025
<b>Name of Provider or Supplier</b>  Chicago Cosmetic Surgery & Dermatology	<b>Street Address, City, State</b>  515 N State - Ste 900, Chicago, IL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<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 (LR), the laboratory failed to perform Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for two of two events in 2024. Findings include: 1. Review of laboratory policies and procedures revealed the policy, "Protocol For Proficiency Testing (PT) or Method Accuracy Verification (MAV) for Unregulated Testing, as in the case for Mohs", which stated under the section "Proficiency Testing Procedures", "Twice yearly the dermatologist will examine approximately ten unknown pathology slides chose from a group of slides by the dermatologist or dermatopathologist and the test results scored". 2. Review of laboratory records and lack of documentation revealed no Mohs bi-annual method accuracy for two of two events in 2024. Event PT performed Event 1- 2024 No Event 2- 2024 No 3. Interview with the LR on 09/16/2025, at 1:01 pm, confirmed the laboratory failed to perform Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for two of two events in 2024.</p>
<b>D5221</b>	<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:</p>

Based on review of laboratory policies and procedures, laboratory records, lack of documentation, and interview with the laboratory representative (LR), the laboratory failed to document evaluation of results for Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for one of one event in 2025. Findings include: 1. Review of laboratory policies and procedures revealed the policy, "Proficiency Testing Protocol", which stated under "Policy", "Quality assessment forms must be filled out and reviewed by the Medical Director upon receipt". 2. Review of laboratory records revealed a lack of documentation of review by the Medical Director for one of one Mohs histopathology bi-annual method accuracy event performed in 2025. 3. Interview with the LR on 09/16/2025, at 4:40 pm, confirmed the laboratory failed to document evaluation of results for Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for one of one event in 2025.