

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2050060	(X3) Date Survey Completed 10/16/2019
Name of Provider or Supplier Rmg Dermatology	Street Address, City, State 885 Roosevelt Rd - Ste 301, Glen Ellyn, 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 Proficiency Testing (PT) procedures, documentation, and interview with laboratory staff; the laboratory failed to verify the accuracy of its histopathology procedures twice, annually. Findings: 1. Review of PT documentation revealed that PT was not performed twice in 2019. 2. During survey date October 16, 2019 at 12:00 PM, laboratory staff confirmed the surveyor's findings.</p>
D6127	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(9)</p> <p>The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least semiannually during the first year the individual tests patient specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of Laboratory Personnel Report (CMS 209), personnel records and interview with laboratory personnel; the technical supervisor failed to evaluate and document the performance of individuals responsible for histopathology (Mohs) testing. Findings: 1. Review of personnel records and form CMS -209, revealed that out of the 6 individuals listed, testing person # 4 did not received its semiannual evaluation. 2. During survey date October 16, 2019 at 12:00 PM, laboratory staff confirmed the surveyor's findings</p>