

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 14D2050060	<b>(X3) Date Survey Completed</b> 07/16/2025
<b>Name of Provider or Supplier</b> Rmg Dermatology	<b>Street Address, City, State</b> 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.		

<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 lack of documentation, review of laboratory policies and procedures, and interview with the laboratory representative; the laboratory failed to perform bi-annual method accuracy evaluations for Potassium Hydroxide (KOH) testing in 2023 through the date of the survey,07/16/2025. Findings include: 1. Review of laboratory records revealed that one peer review/ bi-annual method accuracy evaluation had been completed in 2024 through the date of the survey,07/16/2025. 2. Review of laboratory policies and procedures revealed a document titled "KOH Log Instructions" which stated "8. If Dr Sisto or Dr. Pipitone perform a KOH and each check the results, blinded, this is a QA test and should be documented on the QA form in the KOH book. QA- Quality assurance 9. QA testing will be performed biannually." 3. During the survey on 07-16-2025, at 10:05 am, the laboratory representative confirmed the laboratory failed to perform bi-annual method accuracy evaluations for KOH in 2023 through the date of the survey 07-16-2025.</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: Based on review of laboratory policies and procedures, lack of documentation, and interview with the laboratory representative; the laboratory failed evaluate results of</p>

Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for two of five events from the beginning of 2023 to the date of survey, 07/17/2025. Findings include: 1. Review of laboratory policies and procedures revealed the procedure titled, "Mohs Laboratory Subject: proficiency testing" which stated, "This laboratory instituted its own external quality control proficiency testing program for mohs micrographic surgery and cutaneous oncology ... Once slides have been reviewed and returned, Dr. Pipitone will also review, comment as necessary and sign off on the proficiency testing worksheet." 2. Review of laboratory records revealed a lack of documentation of evaluations of results upon receipt of peer reviewed Mohs histopathology interpretations for two of five reviewed bi-annual method accuracy events. Mohs bi-annual method accuracy events missing laboratory director review: April 2025 April 2024 3. Interview with the laboratory representative at 10:08 am, on 07/17/2025, confirmed the laboratory failed to evaluate results of Mohs bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for two of five events from the beginning of 2023 to the date of survey, 07/16/2025.