

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D2053539	<b>(X3) Date Survey Completed</b>  09/23/2025
<b>Name of Provider or Supplier</b>  Duly Health And Care - Ge Derm	<b>Street Address, City, State</b>  430 Pennsylvania Ave, Ste 180, 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>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, laboratory records, lack of documentation, and interview with the laboratory representative (LR), the laboratory failed to evaluate results of bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for eight of eight events in 2023 through the date of survey 09/23/2025. Findings include: 1) Review of laboratory policies and procedures revealed the policy, "Proficiency Testing for Dermatology", which stated, under "Policy", "Upon receipt of completed review, the physician receives a critique with the intended diagnosis, diagnostic criteria and references." 2) Review of laboratory records revealed a lack of documentation of evaluations of results upon receipt of peer reviewed histopathology interpretations for eight of eight reviewed bi-annual method accuracy events. Year: Event: 2023 Q3 2023 Q4 2024 Q1 2024 Q2 2024 Q3 2024 Q4 2025 Q1 2025 Q2 3) Interview with the LR on 09/23/2025, at 1:37 pm, confirmed laboratory failed to evaluate results of bi-annual method accuracy (proficiency testing/peer reviewed histopathology interpretations) for eight of eight events in 2023 through the date of survey 09/23/2025.</p>