Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	14D2089854	11/24/2020
Name of Provider or Supplier	**Street Address, City, State**	
Northshore Dermatology Center	925 Sherwood Dr, Lake Bluff, 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
D5309	TEST REQUEST CFR(s): 493.1241(e) If the laboratory transcribes or enters test requisition or authorization information into a record system or a laboratory information system, the laboratory must ensure the information is transcribed or entered accurately. This STANDARD is not met as evidenced by: Based on record review and an interview with general supervisor (GS1), the laboratory failed to ensure the information transcribed or entered into the laboratory's information system (LIS) is transcribed or entered accurately, affecting 7 out of 7 patients. Findings Include: 1. The patients' requisitions, final reports, and laboratory manual were reviewed. 2. The 7 randomly selected patients' requisitions and final reports revealed the following: * 7 out of 7 requisitions failed to list the correct name of the laboratory performing the Histopathology testing. 3. The laboratory's manual failed to include a policy and procedure which would establish an ongoing process that would ensure the accuracy of the information entered manually into the electronic medical records (EMR) by personnel. 4. On an Initial survey conducted on 11/24 /2020 at 1:00PM, the GS1 confirmed the above findings.
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for

	acceptability. This STANDARD is not met as evidenced by: Based on record review and an interview with the general supervisor (GS1); the laboratory failed to ensure test reports indicate the name of the laboratory where the Histopathology tests was performed. Findings include: 1. The laboratory's patient test logs and final reports from the electronic medical records (EMR) were reviewed. 2. The name of the testing laboratory performing tissue processing, staining and Histology slide interpretation is "Northshore Dermatology Center". 3. The final reports of 7 patients selected from the test log revealed the name of the testing laboratory as "sherwood labs internal". 4. The laboratory failed to ensure the final reports of 7 out of 7 patients stated the correct name of the laboratory performing the tests. 5. On an Initial survey conducted on 11/24/2020 at 1:00PM, the GS1 confirmed the above findings.