Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 14D2120473	**(X3) Date Survey Completed** 02/20/2019
Name of Provider or Supplier Illinois Dermatology Institute, Llc	**Street Address, City, State** 1 E Delaware Place - Ste 501, Chicago, 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**
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based on the surveyor's review of the Laboratory Personnel Report (CMS 209), the laboratory's manual, records, and an interview with the laboratory director (LD) and staff; the laboratory failed to establish written policies and procedures to assess employees performing Histopathology testing, affecting 5 out of 5 testing personnel (TP). Findings: 1. The laboratory contracts with a mobile testing service ("Got Mohs!") which provides equipment and temporary TP for the laboratory to perform Mohs procedures and slide production. The CMS 209 lists 5 temporary TP (from lines 2 thru line 6) who perform the grossing and tissue staining in the laboratory. 2. The personnel files revealed the following: a). The competency documents for the Temporary TP were from "Got Mohs!". b). The 'Got Mohs' competencies showed no evidence that they were conducted at the 1 E. Delaware Place, in Chicago the location; and c). None of the 5 Temporary TP competencies had any visible evidence that their evaluations had been performed and signed by the technical supervisor (TS) or LD of the laboratory. 3. The patient logs and quality control worksheets show that 2 out of the 5 temporary TP listed on the CMS 209, has actually worked in the laboratory. No other documentation was presented as evidence that these 2 temporary TP, had not been assessed on-site by the TS/LD, prior to processing patients' tissues from Mohs surgery. 4. Review of the laboratory's manual revealed that it does not include an established competency policy or a step-by-step procedure to assessing TP performing grossing and tissue staining for the production of Histopathology slides. 5. On an Initial survey conducted on 02/20/2019 at 11:50 AM, the LD and staff confirmed the above findings.