

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D2131457	<b>(X3) Date Survey Completed</b>  06/19/2019
<b>Name of Provider or Supplier</b>  Metro East Dermatology	<b>Street Address, City, State</b>  331 Regency Park Drive, O Fallon, 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 review of laboratory records and interview with a laboratory representative; the laboratory failed to perform bi-annual method accuracy evaluations for Mohs histopathology testing in 2018. Findings Include: 1. Review of proficiency testing documentation revealed the laboratory only documented Mohs histopathology method accuracy evaluations once in 2019. a. 2019 Proficiency Test - 06-17-2019 2. Interview with tissue processor #1 on 06-18-2019, at 11:50 am, confirmed that the laboratory failed to perform bi-annual method accuracy verifications for histopathology testing in 2018.</p>