

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2140742	(X3) Date Survey Completed 06/27/2018
Name of Provider or Supplier Pinnacle Dermatology	Street Address, City, State 10720 W 165th St, Orland Park, 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
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with the laboratory director (LD); the laboratory failed to ensure positive identification of patient specimens throughout the testing process by failing to follow histopathology slide labeling procedures for 6 of 20 sets of patient slides reviewed. Findings Include: 1. Review of the laboratory's policy and procedure manual identified the procedure, "Mohs Slide Labeling", which stated: "Slides will be labeled according to office location they originate from:", "...followed by the Mohs Surgeon performing the procedure:", and "...followed by the Year and Accession Number" 2. Review of the patient slides for 6 of 20 sets of slides reviewed found the slides failed to be labeled as described in the laboratory procedure. The following patient's slides were improperly labeled: Patient Identification Test Date P3 06-04-2018 P4 06-04-2018 P5 06-08-2018 P6 06-08-2018 P7 06-08-2018 P8 06-08-2018 3. On survey date 6-27-2018, at 12:00 pm the above findings were confirmed by the LD.</p>
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>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.</p>

This STANDARD is not met as evidenced by:
Based on review of the laboratory records and interviews with the laboratory director (LD); the laboratory failed to establish policies and procedures to assess employee competency. Findings Include: 1. Review of the laboratory's policy and procedure manual found no policy had been established to assess the competency of personnel listed on the CMS-209. 2. On survey date 06-27-2018, at 12:00 pm, the LD confirmed the laboratory failed to establish a competency assessment policy.