Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2217103	(X3) Date Survey Completed 10/07/2025
Name of Provider or Supplier Division Of Dermatology - Cook County Health	**Street Address, City, State** 1950 W Polk St, 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
D5217	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1) 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. This STANDARD is not met as evidenced by: Based on review of laboratory records, lack of documentation, and interview with laboratory director (LD); the laboratory failed to perform bi-annual evaluations for one of one high complexity test system: Mohs dermatopathology testing in 2024. Findings Include: 1. Review of laboratory records found no bi-annual method accuracy evaluations for Mohs dermatopathology testing in 2024. 2. Interview with the LD on 10-07-25 at 01:30 pm confirmed that no bi-annual method accuracy evaluation had been performed for Mohs Dermatopathology testing in 2024.