

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 14D2293395	(X3) Date Survey Completed 02/25/2025
Name of Provider or Supplier Midwest Dermpath Llc	Street Address, City, State 409 Keller St, Bartonville, 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	<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 the laboratory's policy, records, and interview with the laboratory director (LD); the laboratory failed to perform bi-annual method accuracy evaluations for histopathology testing in 2024. Findings Include: 1. Review of laboratory policy revealed the policy titled, "Policy on Professional competency", which outlined the policy for bi-annual peer review of histopathology testing performed by the laboratory. The policy indicated the following: "Peer review of 5 randomly selected cases. Performed by BCD #1(board certified dermatopathologist): Semi annually. Record of the above is kept by the laboratory director in the laboratory in a designated folder." 2. Review of laboratory records identified the documents titled "Bi-annual peer review and competency assessment". This document and associated bi-annual peer review was completed for a different laboratory as highlighted in the header of the document. No Bi-annual peer review had been completed for this laboratory in 2024. 3. Interview with LD, on 02-25-2025 at 09:49 am confirmed that the bi-annual peer review was completed for another laboratory that the LD was associated with and that this site had not completed bi-annual peer reviews for 2024 for histopathology.</p>