Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	14D2326412	12/03/2025
Name of Provider or Supplier	**Street Address, City, State**	
Quincy Medical Group - Dermatology Non-Mohs	1025 Maine St - 1st Floor, Quincy, 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
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of documentation, and interview with the laboratory director (LD); the laboratory failed to outline 6 of 14 required components of the test procedure for dermatopathological interpretations in the subspecialty of histopathology. Findings include: 1. Review of laboratory policies and procedures for dermatopathological interpretations failed to have the following required components of a test procedure: a. Microscopic examination, including detection of inadequately prepared slides. b. Control procedures. c. Corrective action

	to take when control results fail to meet the laboratory's criteria for acceptability. d. Limitations in the test methodology, including interfering substances. e. Pertinent literature references. f. Description of the course of action to take if a test system becomes inoperable. 2. Interview with the LD on 12/03/2025, at 10:04 am, confirmed the laboratory failed to outline 6 of 14 required components of the test procedure for dermatopathological interpretations in the subspecialty of histopathology.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on review of laboratory records, lack of documentation, and interview with the laboratory director (LD); the laboratory failed to document the quality control (QC) /intended reactivity of Hematoxylin and Eosin (H&E) staining material used for four of four dermatopathological interpretation testing dates reviewed in the subspecialty of histopathology. Findings include: 1. Review of laboratory records revealed four of four dermatopathological interpretation testing dates reviewed lacked documentation of daily H&E QC/intended reactivity. Date: Medical Record #: 08/18/2025 94960925 09/11/2025 94855665 10/23/2025 95008298 11/17/2025 94831603 2. Interview with the LD on 12/03/2025, at 10:01 am, confirmed the laboratory failed to document the QC/intended reactivity of H&E staining material used for four of four dermatopathological interpretation testing dates reviewed in the subspecialty of histopathology.