

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  15D0678969	<b>(X3) Date Survey Completed</b>  11/02/2020
<b>Name of Provider or Supplier</b>  Thyroid And Diabetes Mgmt Ctr	<b>Street Address, City, State</b>  8939 Broadway, Merrillville, IN	
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 document review and interview, the laboratory failed to verify the accuracy of Mean Platelet Volume (MPV) during 2019. Findings included: 1. Review of proficiency testing (PT) documentation from American Proficiency Institute (API) indicated the following: a. The laboratory participated in API for MPV during testing events 1, 2, and 3, 2019. b. The laboratory received a score of 60% during PT testing event 1, 2019. c. The laboratory received a score of 60% during PT testing event 3, 2019. 2. In interview on 11-2-2020 at 11:17 AM, SP2, Medical Technologist, acknowledged the above 60% PT scores during testing events 1 and 3, 2019 and indicated the laboratory did not perform any other accuracy verification for MPV.</p>