

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D0980525	(X3) Date Survey Completed 11/08/2021
Name of Provider or Supplier Christopher Obeime Md	Street Address, City, State 3330 Founders Road, Suite 100, Indianapolis, IN	
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 document review and interview, the laboratory failed to perform twice annual verification of accuracy in the subspecialty of Mycology (KOH-Potassium Hydroxide) for seven of seven patients (patients two through eight) reviewed in the year, 2020. Findings include: 1) Review of "PATIENT MANAGEMENT CHART REVIEW," indicated seven patients (PT#2-#8) had KOH testing performed in the year, 2020. PT#=patient number PT# Date Result (KOH) 2 2/2/20 Negative 3 4/21/20 Negative 4 7/16/20 Negative 5 7/30/20 Positive 6 10/26/20 Negative 7 10/27/20 Positive 8 9/29/20 Positive 2) In interview on 11/8/21 at 12:29 pm, SP-2 (laboratory director) confirmed there was no twice annual verification of accuracy performed in 2020 for KOH testing. 3) Annual testing volume for KOH is approximately=five.</p>