

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 15D2066048	(X3) Date Survey Completed 02/25/2025
Name of Provider or Supplier Summit Pain Management	Street Address, City, State 1721 Magnavox Way Suite B, Fort Wayne, 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
D0000	A offsite revisit survey was completed on March 14, 2025 for all previous deficiencies cited on February 25, 2025. All deficiencies have been corrected, and no new noncompliance was found. The laboratory is in compliance with 42 C.F.R. 493, Requirements for laboratories.
D2000	<p>ENROLLMENT AND TESTING OF SAMPLES CFR(s): 493.801</p> <p>Each laboratory must enroll in a proficiency testing (PT) program that meets the criteria in subpart I of this part and is approved by HHS. The laboratory must enroll in an approved program or programs for each of the specialties and subspecialties for which it seeks certification. The laboratory must test the samples in the same manner as patients' specimens. For laboratories subject to 42 CFR part 493 published on March 14, 1990 (55 FR 9538) prior to September 1, 1992, the rules of this subpart are effective on September 1, 1992. For all other laboratories, the rules of this subpart are effective January 1, 1994.</p> <p>This CONDITION is not met as evidenced by: Based on patient record review, Hematology proficiency testing record review and staff interview, the laboratory failed to enroll in an approved Proficiency Testing (PT) program for the specialty of Hematology and the analyte cell identification (manual differential). The laboratory director and Hematology technical supervisor confirmed on February 25, 2025, at 8:45 am, the laboratory was performing cell identification/ manual differential testing in January 2025 and did not enroll in an approved proficiency testing program for 2025.</p>