Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D0287613	05/29/2026
Name of Provider or Supplier	**Street Address, City, State**	
Boca Nephrology Pa	2900 N Military Trl Ste 195, Boca Raton, FL	

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	An announced CLIA recertification survey was conducted at Boca Nephrology PA on May 13, 2026 to May 29, 2026. The laboratory is not in compliance with 42 CFR Part 493, Requirement for Laboratories. The following Conditions were cited: D5200 493. 1230 - Condition: General Laboratory Systems D6000 493.1403 - Condition: Moderate Complexity Laboratory Director D6063 493.1421 Condition: Laboratory Testing Personnel