Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D1018117	12/03/2025
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Urology Associates Of Florida, Pa	1986 35th Ave, Vero Beach, 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 Advanced Urology Associates of Florida PA on December 3, 2025. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiencies cited are as follows:
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on observation, interview and record of the procedure manual, the laboratory failed to use non-expired reagents in their Papanicolaou Stain for staining patient's cytology slides form 11/19/2023 to 01/07/2024 and 04/03/2025 to 12/02/2025. Findings: 1. During a tour of the laboratory on 10/08/2025 at 11:00 AM, one bottle of hydrochloric acid lot #1322 with an expiration date of 11/18/2023 was found in the flammable cabinet. 2. Review of the procedure titled Equipment, reagents, materials, supplies noted, "All expired reagents, solutions, control materials and other supplies will be discarded and not used past expiration date." 3. Review of the procedure titled Routine Cytology Papanicolaou Stain Procedure revealed hydrochloric acid was used in the making of the 25% Acidic Alcohol used in the Papanicolaou stain. 4. On 12/03 /2025 at 11:00AM, Testing Personnel E acknowledged the the hydrochloric acid was expired and that she had used the expired reagent. 5. On 12/03/2025 at 4:00AM, Testing Personnel E stated the Previous Pathologist's last day of work was 01/07/2024 and no cytology slides were stained from 1/8/2024 to 4/2/2025.
D5805	TEST REPORT CFR(s): 493.1291(c)

	(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on interview, review of the histopathology and cytology reports, the laboratory failed to report where the histopathology professional component was performed from 12/10/2024 to 12/3/2025 and for cytology reports from 4/3/2025 to 12/03/2025, Finding: 1. Review of the histopathology and cytology reports revealed the reports failed to include the name and address of where the professional component was performed. 2. On 12/03/2025 at 2:58 PM, Testing Personnel E stated histopathology and cytology slides were sent to a different location to be interpreted. and the name and address of the laboratory where the slides were interpreted was not on the reports. 3. On 12/03/2025 at 4:00AM, Testing Personnel E stated the Previous Pathologist's last day of work was 01/07/2024 and no histopathology slides were interpreted from 01/08/2024 to 12/09/2024 and no cytology slide were interpreted from 1/8/2024 to 4/2 /2025.