

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1080085	<b>(X3) Date Survey Completed</b>  04/16/2026
<b>Name of Provider or Supplier</b>  Eli Cohen Md Pa	<b>Street Address, City, State</b>  6290 Linton Blvd Ste 201, Delray Beach, FL	
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>D3000</b>	<p>FACILITY ADMINISTRATION CFR(s): 493.1100</p> <p>Each laboratory that performs nonwaived testing must meet the applicable requirements under 493.1101 through 493.1105, unless HHS approves a procedure that provides equivalent quality testing as specified in Appendix C of the State Operations Manual (CMS Pub. 7).</p> <p>This CONDITION is not met as evidenced by: Based on observation, review of the laboratory procedure manual, review of safety data sheets (SDS), and interview, the laboratory failed to ensure protection from chemical hazards used in their Hematoxylin and Eosin (H&amp;E) stain from 03/30/2026 to 04/16/2026. (See D3011)</p>