Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2042478	06/15/2026
Name of Provider or Supplier	**Street Address, City, State**	
F Christopher Manlio Do Pa	903 N Central Ave, Kissimmee, 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 F Christopher Manlio on June 15, 2026. The laboratory was surveyed under 42 CFR, Part 493, CLIA requirements. Standard deficiencies cited are as follows:
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on review of the procedure manual, and interview, the laboratory failed to have a procedure that included the labeling of the patient's Hematoxylin and Eosin (H&E) stained slides from 4/20/24 to 6/15/26. Findings Included: 1. Review of the

	procedures titled, Slide Preparation, and Mohs Laboratory Procedure (signed and dated by the Laboratory Director on 1/06/26) failed to have instructions on the labeling of patient's H&E stained slides. 2. On 6/15/26 at 10:15 PM, the Mohs Technician stated she did not think there was a procedure that included the labeling of the slides.
D5601	HISTOPATHOLOGY CFR(s): 493.1273(a)(f) (a) As specified in 493.1256(e)(3), fluorescent and immunohistochemical stains must be checked for positive and negative reactivity each time of use. For all other differential or special stains, a control slide of known reactivity must be stained with each patient slide or group of patient slides. Reactions of the control slide with each special stain must be documented. This STANDARD is not met as evidenced by: Based on review of the procedure manual, record review, and interview, the laboratory failed to document the acceptability of the Hematoxylin and Eosin (H&E) quality control (QC) slide for one day (2/17/26) from 4/21/24 to 6/15/26. Findings: 1. Review of the procedure titled, Quality Control Measure for Modified Hematoxylin and Eosin Routine Stain (signed and dated by the Laboratory Director on 1/06/26) noted, "The physician on site will review the slide in order to evaluate the stain quality." 2. Review of the Daily QC Worksheet revealed, the Laboratory Director initials the form to indicate the H&E control slide is acceptable. The worksheet for 2 /17/26 was not initialed. 3. Review of the Mohs Surgery Log revealed, there were seven Mohs surgical procedures on 2/17/26. 4. On 6/15/26 at 10:30 AM, the Mohs Technician acknowledged the daily log was not initialed by the Laboratory Director on 2/17/26.