Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 10D2154834	**(X3) Date Survey Completed** 07/16/2026
Name of Provider or Supplier Ancillary Pathways, Llc	**Street Address, City, State** 8700 West Flagler Street Suite 100-B, Miami, 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 ANCILLARY PATHWAYS, LLC on June 12, 2026. The laboratory was surveyed under 42 CFR Part 493 CLIA requirements. Standard deficiency cited as follows: