

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D0714191	<b>(X3) Date Survey Completed</b>  05/26/2026
<b>Name of Provider or Supplier</b>  Advanced Urology Associates Enterprises, Llc	<b>Street Address, City, State</b>  2401 Highway 35, Manasquan, NJ	
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>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Test Reports (TR) for Histopathology testing and interview with the Laboratory Director (LD) the laboratory failed to ensure TR included all the required information from 4/23/25 to 5/26/26. The findings include: 1. Two out of five TR did not have the correct address of the laboratory where Histopathology testing was performed. 2. The LD confirmed on 5/26/26 at 12:00 pm, the laboratory failed to ensure the TR included all the required information.</p>