Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D2228201	(X3) Date Survey Completed 07/02/2024
Name of Provider or Supplier University Urology Associates Of New Jersey	**Street Address, City, State** 780 Route 37 West, Toms River, NJ	
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
D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on observation of the microscope, maintenance records and interview with the Office Manager (OM), the laboratory failed to perform and document annual maintenance on the microscope used in Histopathology, and Cytology testing from May 2022 to the date of the survey. The OM confirmed on 7/2//24 at 10:35 am there was no documented evidence that annual maintenance was performed.