

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 33D0995245	(X3) Date Survey Completed 02/02/2026
Name of Provider or Supplier Gold Coast Ivf	Street Address, City, State 246 Crossways Park Drive West, Woodbury, NY	
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	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on the review of laboratory's Preventive Maintenance (PM) records as well as interview with the General Supervisor (GS) #2, the laboratory failed to perform maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer to prevent breakdowns or malfunctions, to prolong the life of an instrument and to maintain optimum operating characteristics. FINDINGS: 1. There was no documentation of Vortex Genie 2 SN# 2- 359353 PM for calendar years 2024 and 2025. 2. This is contrary to instructions indicated in the Vortex Genie 2 manufacturer's instrument operator manual. 3. The GS #2 confirmed the findings on February 2, 2026, at approximately 12:00 P.M.</p>