

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0390513	(X3) Date Survey Completed 08/17/2026
Name of Provider or Supplier Madison Medical Urology	Street Address, City, State 2350 N Lake Dr Suite 306, Milwaukee, WI	
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 offsite revisit survey was completed on August 17, 2026, for all previous deficiencies cited at the recertification survey performed on June 22, 2026. New noncompliance was found.
D5891	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(a) (a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess and, when indicated, correct problems identified in the postanalytic systems specified in 493.1291. This STANDARD is not met as evidenced by: Based on surveyor review of laboratory policies, and records, and email communication with the Regional Director of Clinic Operations (Staff B), the laboratory did not identify a problem in the postanalytic system during review of one of one urine microscopic test reports when it was performing chart reviews based on the written quality assessment policy. Findings include: 1. Review of the 'Quality Assurance Program' procedure showed in section C, that the laboratory performed a post analytical review of the patient result report and medical record as follows: "C. Post Analytical 1. Result report contains the following a. Name of test b. Result, units of measure, and reference range c. ID of person performing the test d. Patient names and unique identifier e. Lab name and address f. Date time of specimen collection, receipt and completion g. If applicable, documentation of notification of critical results. This includes who was contacted, date, time, and person performing the notification. Critical values are reported to the ordering Physician, NP, PA, or RN as applicable. 2. Chart review will be accomplished per rotation schedule. a. Requisition present i. Patient name ii. Patient ID iii. Test requested b. Medical record i. Written order for specific test ii. When to perform c. Quality control performed d. Person performing test current with competency e. Result present in medical record i. Patient name ii. Patient ID iii. Result iv. Reference range v. ID person who performed the test

vi. Specimen collect time vii. Specimen receive time viii. Test completed time ix. Critical value/notification documentation" 2. Review of form, 'Quality Assurance Program Audit Log' provided as evidence for D6020 cited during the laboratory's recertification survey, showed the laboratory reviewed four patient records and findings stated, "Meets QA documentation". A review of the urine microscopic test report provided for Patient 2 showed the following components were missing: -The unit of measure for bacteria, mucus, amorphous elements, -The reference ranges for all urine microscopic components, -The date and time of specimen receipt. 3. The State Agency received an email communication from Staff B on August 11, 2026, at 1: 42 PM confirming that "when performing audits, we are looking for the documentation to include items listed in section C 1 and 2. There is a known deficiency as identified in D5787 where the lab address is incorrect, which is still in the process of being rectified."