

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 52D0391644	(X3) Date Survey Completed 05/20/2025
Name of Provider or Supplier A2c1 Aurora Health Center - Mayfair North	Street Address, City, State 3289 N Mayfair Road, Wauwatosa, 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
D5785	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3)</p> <p>(b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of laboratory records and interview with a technical consultant (Staff A), the laboratory did not document corrective actions taken when recorded humidity values were not within the laboratory's defined acceptable range on 59 of 120 days from January through April 2025. Findings include: 1. Review of the laboratory 'Room Temperature and Humidity Monitoring' records from January through April 2025 showed the laboratory documented relative humidity readings once each day. The records showed the acceptable humidity range was 20 - 80%. The humidity records for the four months showed: Month / Number of recordings / Number of recordings less than 20%: January / 31 / 29 February / 28 / 19 March / 31 / 9 April / 30 / 2 The records did not show any documented corrective action for the unacceptable humidity readings. 2. Interview with Staff A on May 20, 2025, at 1:45 PM confirmed testing personnel did not document corrective actions taken when recorded humidity readings were not within the laboratory's acceptable range for relative humidity.</p>