Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001059	05/12/2026
Name of Provider or Supplier	**Street Address, City, State**	
Fort Sutter Surgery Center, A Ca Limited Partnership	2801 K Street, Suite 525, Sacramento, CA	

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 (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	The following reflects the findings of the California Department of Public Health, during an EmergencyPreparednessrecertification survey.The findings arein accordance with42 Code of Federal Regulations(CFR) 416.54,Condition for Coverage forAmbulatory Surgical Centers(ASCs). The facility is in substantial compliance with 42 CFR 416.54, Condition for Coverage for Ambulatory Surgical Centers. CENSUS: 79
K0000	K3 BUILDING: 01 K6 PLAN APPROVAL: 1986

	K7 SURVEY UNDER: 2012EXISTING STRUCTURE TYPE: FIVE STORY AND BASEMENT, CONSTRUCTION TYPE 1 (332), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during a recertification Life Safety Code survey.The findings are in accordance with 42 Code of Federal Regulations (CFR) 416.44(b)(c)(f), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. Census: 79
K0211	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress from obstruction. This was evidenced by obstructed paths of egress. This affected all patients and could result in delayed evacuation in the event of an emergency. NFPA 101 Life Safety Code, 2012 edition 21.2 Means of Egress Requirements. 21.2.3.2 The clear width of any corridor or passageway required for exit access shall be not less than 44 in. (1120 mm). Findings: During a tour of the facility and interview with Staff on 5/12/26, the corridors were observed.

	1. At 10:23 a.m., the corridor in front of Fire Door 6 near the clean work room was observed. The corridor was approximately 60 inches wide, and a wheeled crib was stored along the corridor wall. The crib obstructed the clear path of egress down to approximately 40 inches. Directional exit signage on the ceiling in front of Fire Door six indicated that the exit access was along the corridor where the crib was stored. Upon interview, the Administrator stated that the corridor was used by staff and that patients did not use the corridor. 2. At 10:35 a.m., the sterile corridor on the backside of Operating Rooms (OR) 2 through 5 was observed. The corridor was approximately 72 inches wide and was lined with metal rolling shelves on both sides of the corridor. In one area of the corridor, the metal shelves obstructed the clear path of egress down to approximately 18 inches. Directional exit signs were observed on the ceiling at each end of the corridor. Upon interview, the Administrator stated that the shelves stored OR supplies for the day and stated that patients did not use the corridor.
K0223	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors required to be self-closing are permitted to be held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment, entire facility, and all stair enclosure doors upon activation of: * Required manual fire alarm system, and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power 20.2.2.4, 20.2.2.5, 21.2.2.4, 21.2.2.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the doors equipped with self-closing devices. This was evidenced by a door that failed to latch when tested. This affected all patients and could result in the spread of fire or smoke in the event of a fire. Findings: During a tour of the facility and interview with Staff on 5/12/26, the doors were tested. At 10:47 a.m., the door to the room identified as GI 1 failed to latch when tested. The door was equipped with a self-closing device and was held open by a magnetic hold open device tied to the Fire Alam system. Upon interview, the Administrator stated that their door vendor was onsite and they would look at the door.

K0291

Emergency Lighting
CFR(s): NFPA 101

Emergency Lighting Emergency lighting of at least 1-1/2 hour duration is provided automatically in accordance with 7.9. 20.2.9.1, 21.2.9.1, 7.9

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to maintain the emergency battery backup lighting. This was evidenced by the failure to provide annual test records. This affected all patients and could result in a failure of the battery backup lighting system during an emergency.

NFPA 101 Life Safety Code, 2012 edition
21.2.9.1 Emergency lighting shall be provided in accordance

with Section 7.9.

7.9 Emergency Lighting.

7.9.3 Periodic Testing of Emergency Lighting Equipment.

7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3.

7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows:

(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).

(2)* The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.

(3) Functional testing shall be conducted annually for a minimum of 11/ 2 hours if the emergency lighting system is battery powered.

(4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3).

(5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.

Findings:

	During record review and interview with Staff on 5/12/26, the emergency lighting testing records were reviewed. At 11:58 a.m., the facility failed to provide the annual 90-minute testing records for the battery backup emergency lights in the facility. No records were available for review. Upon interview, the Nurse Manager stated that the lights were tested annually but they did not have the testing records.
K0293	Exit Signage CFR(s): NFPA 101 Exit Signage Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 20.2.10, 21.2.10, 7.10 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the battery backup exit signage. This was evidenced by the failure to provide annual test records. This affected all patients and could result in failure of the battery backup exit signs during an emergency. NFPA 101, Life Safety Code, 2012 Edition 21.2.10 Marking of Means of Egress. Means of egress shall have signs in accordance with Section 7.10. 7.10.9 Testing and Maintenance. 7.10.9.2 Testing. Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. 7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2). (2)* The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 11/ 2 hours if the emergency lighting system is battery powered.

	(4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. Findings: During record review and interview with Staff on 5/12/26, the emergency lighting testing records were reviewed. At 11:59 a.m., the facility failed to provide the annual 90-minute testing records for the battery backup exit signs in the facility. No records were available for review. Upon interview, the Nurse Manager stated that the exit signs were tested annually but they did not have the testing records.
K0345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm Systems - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain the fire alarm system (FAS). This was evidenced by expired batteries in the fire alarm control panel (FACP), the failure to test all of the smoke detectors during the annual fire alarm system test/inspection and the failure to conduct semiannual testing and inspections of the FAS system. This affected all patients and could result in the delay of notification to emergency forces in the event of an emergency. NFPA 101: Life Safety Code, 2012 Edition 21.3.4.1 General. Ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6, except as modified by 21.3.4.2 through 21.3 NFPA 72: National Fire Alarm and Signaling Code, 2010 Edition

Chapter 14 Inspection, Testing, and Maintenance

14.1 Application.

14.1.1 The inspection, testing, and maintenance of systems, their initiating devices, and notification appliances shall comply with the requirements of this chapter.

14.3 Inspection.

14.3.1 * Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction.

14.3.2 Devices or equipment that is inaccessible for safety considerations (e.g., continuous process operations, energized electrical equipment, radiation, and excessive height) shall be permitted to be inspected during scheduled shutdowns if approved by the authority having jurisdiction.

14.3.4 The visual inspection shall be made to ensure that there are no changes that affect equipment performance.

Table 14.3.1 Visual Inspection Frequencies-semiannually

14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.

Table 14.4.5 Testing Frequencies.

6. Batteries-fire alarm systems

(d) Sealed lead-acid type

(1) Charger test: Annually (Replace battery within 5 years after

manufacture or more frequently as needed.)

(2) Discharge test (30 minutes): Annually

(3) Load voltage test: Semiannually

14.6.2 Maintenance, Inspection, and Testing Records.

14.6.2.1 Records shall be retained until the next test and for 1 year thereafter.

14.6.2.4 * A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:

(1) Date

(2) Test frequency

(3) Name of property

(4) Address

(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number

(6) Name, address, and representative of approving agency(ies)

(7) Designation of the detector(s) tested

(8) Functional test of detectors

(9)* Functional test of required sequence of operations

(10) Check of all smoke detectors

(11) Loop resistance for all fixed-temperature, line-type heat detectors

(12) Functional test of mass notification system control units

(13) Functional test of signal transmission to mass notification systems

(14) Functional test of ability of mass notification system to silence fire alarm notification appliances

(15) Tests of intelligibility of mass notification system speakers

(16) Other tests as required by the equipment manufacturer's published instructions

(17) Other tests as required by the authority having jurisdiction

(18) Signatures of tester and approved authority representative

(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)

Findings:

During a tour of the facility, record review and interview with Staff on 5/12/26, the FAS was observed, and records reviewed.

1. At 9:25 a.m., the FACP in room 5039B was observed. The FACP contained two sealed lead acid batteries, both of which were more than five years old with a manufacture date of

	4/27/21. The batteries were installed in the FACP on 8/10/21. Upon interview, the Charge Nurse stated that they thought the batteries needed to be replaced based on their installation date. 2. At 12:52 p.m., the annual fire alarm maintenance and testing documentation dated 5 /17/26 was reviewed. The documentation listed 125 smoke detectors in the facility, but the fire alarm vendor only tested 70 smoke detectors. Upon interview, the Nurse Manager stated that that the smoke detectors that were not tested were in areas being used. 3. At 2:05 p.m., the facility failed to provide documentation that a semiannual inspection was conducted on the FAS within the last 12 months. The last annual maintenance and inspection was dated 5/17/26. Upon interview, the Nurse Manager stated that the last semiannual inspection was done in May of 2025 and should have been done in July of 2025
K0355	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by an obstructed extinguisher. This affected all patients, and could result in the inability to locate and/or obtain the extinguisher in the event of a fire. NFPA 101 Life Safety Code, 2012 edition 21.3.5.3 Portable fire extinguishers shall be provided in ambulatoryhealth care facilities in accordance with 9.7.4.1. 9.7.4.1* Where required by the provisions of another sectionof this Code, portable fire extinguishers shall be selected, installed,inspected, and maintained in accordance withNFPA 10, Standard for Portable Fire Extinguishers. NFPA 10, Standard for Portable Extinguishers, 2010 Edition. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view. Findings: During a tour of the facility and interview with Staff on 5/11/26, the portable fire extinguishers were observed.

	At 12:50 p.m., the portable fire extinguisher located in Procedure Room 2 was observed. The fire extinguisher was mounted on the wall and was obstructed from view and access by wheeled metal cart with a printer on it that was stored directly in front of the fire extinguisher. Upon interview, the Nurse Manager stated that staff had moved the cart in front of the fire extinguisher.
K0521	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the Heating, Ventilating, and Air-Conditioning (HVAC) system. This was evidenced by the failure to provide a current smoke/fire damper testing and service report. This affected all patients and could result in the spread of smoke and/or fire to other locations of the facility due to a malfunctioning damper. NFPA 101, Life Safety Code, 2012 Edition 21.5 Building Services. 21.5.1 Utilities.21.5.1.1 Utilities shall comply with the provisions of Section 9.1. 21.5.2 Heating, Ventilating, and Air-Conditioning. 21.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer ' s specifications, unless otherwise modified by 20.5.2.2. 9.2 Heating, Ventilating, and Air-Conditioning. 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 2012 edition. 5.4.8 Maintenance. 5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protective's. NFPA 80, Standard for Fire Doors and Other Opening Protective's, 2010 edition. 19.3.4 Documentation. All inspections and testing shall be documented, indicating the location of the fire damper, date(s) of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. 19.4* Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. 19.4.4 If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in place if so equipped.

	19.4.5 The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. 19.4.7 The damper shall not be blocked from closure in any way. 19.4.8 The fusible link shall be reinstalled after testing is complete. 19.4.8.1 If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. 19.4.9 All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. 19.4.9.1 The documentation shall have a space to indicate when and how the deficiencies were corrected. 19.4.10 All documentation shall be maintained and made available for review by the AHJ. 19.4.11 Periodic inspections and testing of a combination fire/smoke damper shall also meet the inspection and testing requirements contained in Chapter 6 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Findings: During record review and interview with Staff on 5/12/26, the HVAC damper testing /service records were requested for review. At 1:16 p.m., the fire/smoke damper testing records were requested. The facility provided a document dated 8/21/25 that indicated their vendor cycled all the fire dampers in the facility. The documentation did not indicate the location of the dampers in the facility. Upon interview, the Nurse manager stated that they would contact the vendor to see if they had additional inspection documentation. The facility was given until 10:00 a.m. on 5/13/26 to provide the fire damper testing documentation to the California Department of Public Health (CDPH). At 10:00 a.m. on 5/13/26, CDPH did not receive the fire damper testing documentation from the facility.
K0711	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 20/21.7.2.1.2 and provides for all of the fire safety plan components per 20/21.7.2.2. 20.7.1.1 through 20.7.1.3, 20.7.1.8 through 20.7.2.3.3 21.7.1.1 through 20.7.1.3, 21.7.1.8 through 20.7.2.3.3 This STANDARD is not met as evidenced by:

	Based on record review and interview, the facility failed to maintain their fire safety plan. This was evidenced by the failure to address how they would prepare the floors and building for an evacuation. This affected all patients and could result in staff being untrained and unaware of their roles and responsibilities in the event of an evacuation. NFPA 101: Life Safety Code, 2012 Edition 21.7.2.2 Fire Safety Plan. A written health care occupancy fire safety plan shall provide for all of the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire Findings: During record review, and interview with Staff on 5/12/26, the fire safety plan was reviewed. At 2:02 p.m., the facility's fire safety plan failed to include a process for clearing the corridors of wheeled equipment in the event of an evacuation. Upon interview, the Administrator acknowledged that they were unable to provide a written policy for clearing the corridors for an evacuation.
K0918	Essential Electrical Systems Generator or Alternate Source CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying

service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the facility failed to maintain the emergency power supply system (EPSS). This was evidenced by missing a remote stop switch, the failure to provide fuel records, and monthly battery tests for two of two generators. This affected all patients and could result in a loss of power due to a generator malfunction during an emergency power outage.

NFPA 101 Life Safety Code, 2012 edition
21.5.1 Utilities.
21.5.1.1 Utilities shall comply with the provisions of Section 9.1.
9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.

NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition.

5.6.5.6 * All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

5.6.5.6.1 The remote manual stop station shall be labeled.

Chapter 8 Routine Maintenance and
Operational Testing
8.1* General.
8.1.1 The routine maintenance and operational testing program shall be based on all of the following:
(1) Manufacturer's recommendations
(2) Instruction manuals
(3) Minimum requirements of this chapter
(4) The authority having jurisdiction
8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.
8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and

repairs shall be maintained and readily available.
8.3.4.1 The permanent record shall include the following: (1)The date of the maintenance report (2)Identification of the servicing personnel (3)Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer
8.3.7.1 Maintenance of lead-acid batteries shall include the
monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.
8.3.8 A fuel quality test shall be performed at least annually using tests approved by ASTM standards.

Findings:

During a tour of the facility, record review, and interview with Staff on 5/12/26, the EPSS was observed and records were requested and reviewed.

1. At 11:27 a.m., the facility's Onan 125 kilowatt (kW) and Kohler 300 kW diesel generators were observed. Each generator had its own fuel tank. The annual fuel quality test results dated 6/26/25 indicated the fuel in the Onan generators tank was contaminated. The facility provided a record indicating the fuel in the tank for the Kohler generator was polished on 11/9/25 to remove contamination. The facility was unable to provide a record indicating the fuel in the Onan fuel tank was polished to remove contamination. Upon interview, the Nurse Manager stated that they would contact their vendor for the fuel polishing records. The facility was given until 10:00 a. m. on 5/13/26 to provide the fuel polishing records to the California Department of Public Health (CDPH).

At 10:00 a.m. on 5/13/26, CDPH did not receive the fuel polishing records from the facility.

2. At 11:50 a.m., the facility's Onan 125 kilowatt (kW) and Kohler 300 kW diesel generators were observed. Both generators were equipped with lead acid batteries. There were no documents that indicated the generator batteries were tested for electrolyte specific gravity or conductance monthly. Upon interview, the Nurse Manager stated that the batteries were maintenance free and was unaware of the testing requirements.

3. At 12:11 a.m., the facility's Onan 125 kilowatt (kW) and Kohler 300 kW diesel generators were observed. A yellow remote stop switch was observed next to the annunciator panel for the Kohler generator at the Pre-Op Nurse Station. A second remote stop switch could not be located. Upon interview, the Nurse Manager stated that they were not sure if the remote stop switch would stop one or both generators when activated.