Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01C0001008	**(X3) Date Survey Completed** 10/12/2023
Name of Provider or Supplier Birmingham Outpatient Surgery Center, Ltd	**Street Address, City, State** 2720 University Boulevard, Birmingham, AL	

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	Based on a recertification survey conducted on 10/10/23 to 10/12/23, Outpatient Care Center was found to be in substantial compliance with the Centers of Medicare /Medicaid Services requirements for Emergency Preparedness.