Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01C0001009	**(X3) Date Survey Completed** 07/31/2025
Name of Provider or Supplier Surgicare Of Mobile, Ltd	**Street Address, City, State** 2890 Dauphin St, Mobile, 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	A recertification survey was conducted on 7/29/25 to 7/31/25 and Surgicare of Mobile was found to be in substantial compliance with the Conditions for Coverage for Emergency Preparedness.