Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 55C0001059	**(X3) Date Survey Completed** 04/10/2019
Name of Provider or Supplier Fort Sutter Surgery Center, A Ca Limited Partnership	**Street Address, City, State** 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 Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 416.54, Condition for Coverage for Ambulatory Surgical Centers (ASCs). Representing the California Department of Public Health: 32973 Census: 37