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