Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001062	09/08/2026
Name of Provider or Supplier	**Street Address, City, State**	
Sacramento Eye Surgicenter	3150 J Street, 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)
K0000	K3 BUILDING: 01 K6 PLAN APPROVAL: 1987 K7 SURVEY UNDER: 2012EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during a*recertificationLife Safety Code survey.The findings arein accordance with42 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.