Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001076	07/10/2019
Name of Provider or Supplier	**Street Address, City, State**	
Plastic Surg Assoc Of Orange County	1310 Stewart Drive, Suite 610, Orange, 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 Plan Survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §416.54, Condition of Participation for Ambulatory Surgical Center (ASC). Representing the California Department of Public Health: 29566 Abbreviations: Emergency Preparedness Plan (EPP)