

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2015
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NAME OF PROVIDER OR SUPPLIER ALAMO CITY SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7402 JOHN SMITH DRIVE SAN ANTONIO, TX 78229
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	<p>25 TAC 135 Ambulatory Surgery Centers</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An entrance conference was conducted with the facility Administrator of the ambulatory surgery center (ASC) and Director of Nursing on 11/24/15. The Vice Chair was informed the unannounced onsite visit was to conduct an initial licensure survey. An opportunity was provided for questions and discussion.</p> <p>A survey was conducted per 25 TAC 135.2 to determine the ambulatory surgery center's compliance with the requirements at 25 TAC 135 - Ambulatory Surgical Center Licensing Rules - using the applicable survey report form.</p> <p>An exit conference was conducted with the Facility Administrator and Director of Nursing of the ambulatory surgery center on 11/24/15. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion.</p> <p>The facility was found to be in compliance with the requirements found at 25 TAC 135 for ambulatory surgery centers.</p>	T 000		

SOD - State Form
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____