

Texas Health and Human Services Commission

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 10/21/2020
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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>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>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 unannounced re-licensure survey was conducted on site. An entrance conference was held the morning of 10/21/2020 with the facility's Operations Manager. The purpose and process of the survey was explained.</p> <p>An exit conference was held the afternoon of 10/21/2020 with the Operations Manager, at which time the findings of the survey and the next steps in the survey process were explained.</p> <p>The facility was found to be in compliance with the requirements found at 25 TAC 135 for ambulatory surgery centers.</p> <p>No violations were cited.</p>	T 000		

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