

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Midwest Division of Survey and Certification  
Chicago Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601-5519



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CMS Certification Number (CCN): 14C0001027

February 27, 2019

Administrator  
25 East Same Day Surgery Center  
25 E Washington St  
Chicago, IL 60602-1733

Via USPS Certified Mail # 7015 1730 0001 8314 6559

Dear Administrator:

We were notified by the Illinois Department of Public Health (IDPH) that on February 5, 2019, the IDPH attempted to verify if your ambulatory surgery center is operational. The IDPH has reported that your ambulatory surgery center was closed, not operational, and ceased business at your address of record.

Pursuant to 42 CFR §489.52(b)(3), CMS considers a cessation of business and providing services to the community to constitute a voluntary withdrawal from the Medicare program (Title XVIII of the Social Security Act).

If you believe that our determination is incorrect and that your ambulatory surgery center remains operational, you must notify this office no later than **10 calendar days** from your receipt of this notice that your ambulatory surgery center is still operational and participating in the Medicare program. If your ambulatory surgery center is operational, you must also provide CMS with information to clarify why your organization was not functional at the address of record at the time of the attempted survey.

If we do not hear from you, your participation in the Medicare program will be terminated, pursuant to 42 CFR §489.52(b)(3).

Should you have questions concerning this matter, please contact me at (312) 353-3647 or via email at [Maria.VergeldeDios@cms.hhs.gov](mailto:Maria.VergeldeDios@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Vergel De Dios', with a long horizontal flourish extending to the right.

Maria Vergel De Dios  
Principal Program Representative  
Non-Long Term Care Certification  
& Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Healthcare and Family Services  
Palmetto GBA -11004

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/12/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14C0001027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/05/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>25 EAST SAME DAY SURGERY CENTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 E WASHINGTON ST CHICAGO, IL 60602</b>		
(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) COMPLETION DATE
E 000	Initial Comments  The health survey portion of the Emergency Preparedness requirements evaluation was attempted, in conjunction with recertification survey, on 2/5/19. The Facility had ceased operations on 12/31/18, and therefore was not in compliance with the Condition, 42 CFR 416.54, Establishment of the Emergency Preparedness Program, for this survey.	E 000			
Q 000	INITIAL COMMENTS  A recertification survey for health standards was attempted on 2/5/19. A sign on the door included, "25 East Same Day Surgery Center has suspended operations. If you need assistance please call Cathy Weaver at 317-679-7352 or email at caweaver@uspi.com. Thank you. Management."  On 2/5/19 at 9:10 AM, access to the Facility was granted by the Administrator of North Shore Surgery Center. The Administrator stated that the Facility had "ceased operations on 12/31/18" and would not reopen. The Administrator stated that notification of the closing had been sent out by Cathy Weaver, Regional Vice President of United Surgical Partners.  The Facility was not in compliance with 42 CFR 416, Subpart C, Conditions for Coverage for Ambulatory Surgical Centers.	Q 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.