

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240061261		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/11/2025	
NAME OF PROVIDER OR SUPPLIER SAGAMORE SURGICAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2320 CONCORD ROAD, SUITE B , LAFAYETTE, Indiana, 47909			
(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
S0000	INITIAL COMMENTS This visit was for a State Licensure survey of an Ambulatory Surgery Center. Facility Number: 006126 Survey Date: 3/10/25 to 3/11/25 Sagamore Surgical Services Inc. is in compliance with 410 IAC 15-2, Ambulatory Surgery Center Licensure Rules. QA: 3/12/2025			S0000			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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