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SURGICAL SOLUTIONS
A DIVISION OF VMG HEALTH

ASC SURVEY WATCH REPORT 2023


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SURVEYORS

An overview of most frequently cited deficiencies from these organizations.

CMS <i>(Centers for Medicare and Medicaid Services)</i>	&	ACCREDITING ORGANIZATIONS
		TJC <i>(The Joint Commission)</i>
		AAHC <i>(Accreditation Association for Ambulatory Health Care)</i>
		ACHC <i>(Accreditation Commission for Health Care)</i>
		QUAD A <i>(American Association for Accreditation of Ambulatory Surgery Facilities – formerly AAAASF)</i>



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TOP 5 DEFICIENCIES CMS Conditions for Coverage

1. Sanitary Environment (Q-0241)
2. Administration of Drugs (Q-0181)
3. Infection Control Program (Q-0242)
4. Form & Content of Record (Q-0162)
5. Safety From Fire (Q-0104)

4 of the **top 10** ASC citations
fall under §416.51 Conditions for Coverage
Infection Control



*ASCA – ASCFocus.org

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CMS 1 Sanitary Environment

*§416.51(a) Standard:
Sanitary Environment*

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice

- Ventilation and water quality control issues, especially during internal or external construction/renovation
- Safe air handling systems in areas of special ventilation, such as operating rooms
- Food sanitation
- Cleaning and disinfecting environmental surfaces, carpeting, and furniture
- Disposal of regulated and non-regulated waste
- Pest control

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CMS 2 Administration of Drugs

*§416.48(a) Standard:
Administration of Drugs*

Drugs must be prepared and administered according to established policies and acceptable standards of practice

- Must be a physician's order on file
- Following manufacturer's label
- Not preparing too far in advance
- Any pre-filled syringes must be:
 - initialed by the person who draws it
 - dated and timed to indicate when they were drawn
 - labeled as to both content and expiration date
- Infection control practices

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CMS 2 Administration of Drugs

*§416.48(a) Standard:
Administration of Drugs*

CONTROLLED SUBSTANCES

There must be records of receipt and disposition of all drugs listed in Schedules II, III, IV, and V.

The ASC's policies and procedures should also address the following:

- Accountability procedures to ensure control of the distribution, use, and disposition of all scheduled drugs
- Records of the receipt and disposition of all scheduled drugs must be current and must be accurate
- Records to trace the movement of scheduled drugs throughout the ASC
- The licensed health care professional who has been designated responsible for the ASC's pharmaceutical services is responsible for keeping all records current
- The record system tracks movement of all scheduled drugs from the point of entry into the ASC to the point of departure
- All drug records are in order and an account of all scheduled drugs is maintained and any discrepancies in count are reconciled promptly
- The ASC's system is capable of readily and quickly identifying loss or diversion

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CMS 3 Infection Control Program

*§416.51(b) Standard:
Infection Control
Program*

The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases.

- Must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines

The program is ...

- Under the direction of a designated and qualified professional who has training in infection control
- An integral part of the ASC's QAPI Program
- Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement

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CMS 4 Form & Content of Record

*§416.47(b) Standard:
Form and Content of
Record*

The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:

- Patient identification
- Significant medical history and results of physical examination (as applicable)
- Pre-operative diagnostic studies (entered before surgery), if performed
- Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body
- Any allergies and abnormal drug reactions
- Entries related to anesthesia administration
- Documentation of properly executed informed patient consent
- Discharge diagnosis

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CMS 5 (Life Safety Code) Safety from Fire

§416.44(b) Standard:
Safety From Fire

The ASC must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments 12-1 through 12-4)

- Fire System
 - Smoke detectors with dust on them
 - Missing documentation of quarterly fire department connection inspection
 - Documentation did not include inventory of testing per device
 - Electrical panel breaker providing the power to the fire alarm panel not marked in red
- Fire Drills
 - Less than one hour difference between quarterly fire drills
- Fire Doors
 - Hazardous room on life safety drawings: no self-closing device installed on the door
 - Fire-rated door on fire wall not self-closing and latching

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Most Common Citations Life Safety Code

Sprinkler System

- HVAC flex ducts supported by sprinkler piping

Medical Gases

- Compressed gas cylinder storage had both full and empty cylinders in same rack

Fire Walls

- Conduit penetration through the fire barrier wall that was not sealed with fire-rated material
- One-hour fire rated barrier had several scab patches and no ILSM in place
- One-hour fire rated barrier in medical gas room sealed with an orange foam material
- Open gaps around conduit in the ceiling/floor deck without fire-resistant product

Fire Extinguishers

- Monthly inspection documentation had no NFPA reference or edition cited



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High-Deficiency Standards

AAAHC

2: Governance, 2.I.I

- Governing body is responsible for approving and ensuring compliance of all major contracts or arrangements affecting the medical care provided

2: Governance, 2.II.L

- Privileges to carry out specified procedures are granted to legally, professionally qualified applicants for specified period of time (based on written request, qualifications, recommendations)

6: Clinical Records and Health Information, 6.H

- Clinical record entries are consistent across records

8: Facilities and Environment, 8.I.N

- Scenario-based drills of the internal and external emergency and disaster preparedness plan are conducted



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High-Deficiency Standards

TJC

IC.02.02.01, EP 2

- Implements infection prevention and control activities when doing the following: performing intermediate, high-level disinfection, sterilization of equipment, devices, supplies

IC.02.01.01, EP 2

- Uses standard precautions, including the use of PPE, to reduce the risk of infection

MM.01.01.03, EP 2

- Follows a process for managing high-alert and hazardous medications

MM.01.02.01, EP 2

- Takes action to avoid errors involving the interchange of medications on its list of look-alike/sound-alike medication

EC.02.05.01, EP 7

- Where appropriate, the ventilation systems provide appropriate pressure relationships, air-exchange rates, filtration efficiencies, relative humidity, and temperature



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High-Deficiency Standards ACHC

1: Governing Body and Management, 01.01.02 Contract services

- Governing Body is responsible for the safety, effectiveness of services provided by contracted employees, entities

2: Administration, 02.01.04 Personnel records

- Basic information is obtained for employees, contracted staff at hire including documentation of license, certification, registration

3: Medical Staff, 03.01.03 Surgical privileges roster

- Current roster with each surgical practitioner's specific surgical privileges is available in the surgical suite, scheduling

4: Quality Assessment/ Performance Improvement, 04.00.04 Quality Program data

- Quality metrics are identified for all patient care, contracted services provided

6: Medical Staff, 06.00.02 Medical staff: Granting privileges

- Medical staff makes recommendations to the governing body regarding initial, renewal, and revised privileges, BG then awards, amends, withdraws or denies privileges to the applicant



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High-Deficiency Standards QUAD A

8.B.23

- Pre-op record includes a written screening protocol for venous thromboembolism (VTE) risk

6.D.2

- Dated controlled substance inventory, control for individual patients, sequential, bound

6.A.2

- Drugs must be prepared, administered according to established policies, acceptable standards of practice

3.G.2

- Personnel properly trained in the control procedures, work practices to reduce occupational exposures to anesthetic gases

5.D.30

- Emergency preparedness training for all new/existing staff, contracted individuals, volunteers



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References

- Survey Reports submitted to PSS for 2022-2023
- Top CMS Citations in 2022, ASC Focus, March 2023
- Accreditation Agencies Release ASC Top Deficiencies List, ASC Focus, June 2023



Available to
Members on
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Compliance & Operations > Survey Watch



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SURVEY WATCH

Progressive Surgical Solutions has the advantage of working with scores of facilities across the country with all the deemed status agencies. As an eSupport member you can benefit from our summaries of deficiencies cited on various types of surveys.

- [Quality Certification & Oversight Reports for ASCs](#)
- [ASC Complaint 2567](#)

CLICK LINKS BELOW TO DOWNLOAD

2023	2023
2022	<input type="checkbox"/> AAAHC SURVEY JULY 2023
2021	<input type="checkbox"/> TJC SURVEY MAY 2023
2020	<input type="checkbox"/> TJC SURVEY MARCH 2023
---	<input type="checkbox"/> TJC DEEMED STATUS SURVEY FEBRUARY 2023
---	<input type="checkbox"/> AAAHC DEEMED STATUS SURVEY JANUARY 2023



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INFECTION CONTROL: OVERVIEW

CMS Conditions for Coverage require that ASCs comply with the following standards:

416.51 Standard: Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable disease.

416.51 (a) The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

416.51 (b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. The program is:

- (1)** Under the direction of a designated and qualified professional who has training in infection control
- (2)** An integral part of the ASC's quality assessment and performance improvement program; and
- (3)** Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.

INFECTION CONTROL

Infection Control Overview

- Infection Control Coordinator
- Infection Prevention & Investigation
- Hand Hygiene
- Surgical Eye Prep
- Instrument Decontamination and Sterilization
- Environmental Sanitation
- Tuberculosis Control Program
- Vaccine Storage and Handling
- Scope Processing
- Infection Control Resources
- COVID-19

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MEDICATION MANAGEMENT: OVERVIEW

CMS Conditions for Coverage require ASCs to comply with the following standards:

5416.48 Condition for Coverage: Pharmaceutical Services

The ASC must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.

5416.48(a) Standard: Administration of Drugs

Drugs must be prepared and administered according to established policies and acceptable standards of practice

- (1)** Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.
- (2)** Blood and blood products must be administered only by physicians or registered nurses.
- (3)** Orders given orally for drugs and biologicals must be followed by a written order and signed by the prescribing physician.

MEDICATION MANAGEMENT

Medication Management Overview

- Compounding
- Controlled Substances
- Eye Drops
- Formulary
- Infection Control
- Medication Labeling
- Medication Safety
- CA Board of Pharmacy
- Resources

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Compliance & Operations > Form Samples > Medical Record Forms



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FORM SAMPLES: MEDICAL RECORD FORMS

CLICK LINKS BELOW TO DOWNLOAD

ANESTHESIA

- [Intraoperative Anesthesia Record 1 \(MAC/Regional\)](#)
- [Intraoperative Anesthesia Record 2 \(GA/MAC/Regional\)](#)
- [Health History Questionnaire 1 \(Includes Spanish\)](#)
- [Health History Questionnaire 2](#)

BUSINESS OFFICE

NOTE REGARDING DISCHARGE SUMMARY: AAAHC and TJC require a Discharge Summary - Following three visits within a timeframe determined by the facility, a summary of care will be available and will be located in a prominent location. The summary will include the dates of service, diagnosis, procedure performed, anesthesia administered, and disposition of patient/complications, adverse or allergic drug reactions, and current medications.

- [Discharge Summary](#)

SEARCH

FORM SAMPLES

Form Samples Overview

Medical Record Forms

Laser Procedures
(Ophthalmology)
Life Safety Code
Nursing

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Compliance & Operations > Fire Safety



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FIRE SAFETY: OVERVIEW

CMS Conditions for Coverage require all ASCs to comply with the following standard:

416.44(b) Standard: Safety From Fire

- (1)** Except as otherwise provided in this section, the ASC must meet the provisions applicable to Ambulatory Healthcare Centers of the 2000 edition of the Life Safety Code of the National Fire Protection Association, regardless of the number of patients served...
- (2)** In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon an ASC, but only if the waiver will not adversely affect the health and safety of the patients.
- (3)** The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.
- (4)** An ASC must be in compliance with Chapter 21.2.9.1, Emergency Lighting, beginning on March 13, 2006.
- (5)** Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, an ASC may place alcohol-based hand rub dispensers in its facility if... (see requirement below)

This form is used by CMS when conducting a Life Safety Code Survey:

- [Fire Safety Survey Report-2012 Life Safety Code Ambulatory Health Care](#)

SEARCH

FIRE SAFETY

Fire Safety Overview

Requirements
Resources
Videos

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Compliance & Operations > Compliance Calendar > Clinical Operations Life Safety Code

ASC COMPLIANCE CALENDAR: CLINICAL OPERATIONS

This Facility Compliance Calendar addresses CMS and accrediting agency requirements ONLY. You must research your state and local regulations for different/additional requirements.

DAILY	REQUIREMENT	DOCUMENTATION	SUPPORT RESOURCES
	Biological Indicator Test	Log for sterilizers in use. Track in a log book. Typically they come with indicator system.	
	Blanket and/or Fluid Warmer	Log temperature. Include acceptable range for per manufacturer DFUs for fluids stored, and action/resolution if temperature is out of range.	Support-Compliance & Operations-Policies and Procedures/Nursing/Normal Sterile and Intravenous/Infusion Solutions and Logs
	Bowie-Dick Test	Log for prevac sterilizers in use.	
	Controlled Substances Perpetual Inventory	Log opening and closing counts, additional/statements to inventory, wasted drug quantities; Inventory counts and waste documentation require 2 RN signatures.	Support-Compliance & Operations-Medication Management/Controlled Substances-Perpetual Inventory Sheet
	Controlled Substance Administration	Report of patient medication, dose administered, and administered by.	Support-Compliance & Operations-Medication Management/Controlled Substances-Marcotics Control
	Crash Cart		
	Environment		
	Medication		
	Refrigeration		
	Supplies		

ASC COMPLIANCE CALENDAR: LIFE SAFETY CODE

The newly adopted 2012 Life Safety Code imposes requirements for inspection, testing and maintenance of the fire safety system, med gas system and emergency electrical system. This calendar addresses activities typically performed by facility staff via ASC ancillary service contracts. Refer to the Life Safety Code Overview on eSupport to verify your ancillary service contracts address the required ITM (Inspection, Testing and Maintenance) schedules. This Facility Compliance Calendar addresses CMS and accrediting agency requirements ONLY. You must research your state and local regulations for different/additional requirements.

DAILY	REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	SUPPORT RESOURCES
	Fire Safety	Ensure exit pathways, lines of egress, the exit/egress, and fire alarm pull stations are unobstructed. Ensure fire-rated doors and self-closing doors both and aren't damaged. Track on a log.	Trained Facility Personnel	Support-Compliance & Operations-Form Samples-Life Safety Code
	Medical Gas	Ensure a reserve supply of at least two cylinders is connected to the manifold. Track on a log.	Trained Facility Personnel	
	Temperature and Humidity	Log temperature and humidity, including action and resolution if the temperature or humidity are out of range. Operating Room (OR) & ICU Temperature range 68 - 72°F Humidity range 20 - 60% Procedure Room (PR) & Endoscopy Temperature range 68 - 72°F Humidity range 20 - 60% Cath Lab (CL) & Clean Workroom Temperature range 68 - 72°F Humidity maximum of 60% Sterile Supply Temperature maximum of 72°F Humidity maximum of 60% Surgical Utility (Decontamination Room) Temperature range 68 - 72°F NICU Temperature range 70 - 72°F Humidity range 20 - 60%	Trained Facility Personnel	Support-Compliance & Operations-Policies and Procedures/Testing-Environmental Standards and Logs

DAILY, IF APPLICABLE AND/OR WITH OCCURRENCE	REQUIREMENT	DOCUMENTATION	WHO IS RESPONSIBLE	SUPPORT RESOURCES
	Medical Device Malfunction (Mandatory)	Patient deaths, serious illnesses or injuries caused by a medical device to the FDA and/or manufacturer per regulatory standard.	Trained Facility Personnel/Vendor	Support-Compliance & Operations-Patient Safety/Patient Safety Overview-Medical Device Reporting

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Compliance & Operations > Form Samples > Life Safety Code

FORM SAMPLES: LIFE SAFETY CODE

If you have any questions regarding compliance with Life Safety Code requirements, please contact us to inquire about consulting services with our Life Safety Code expert courtney@ps4asc.com

CLICK LINKS BELOW TO DOWNLOAD

PHYSICAL ENVIRONMENT CHECKLIST

MONTHLY REQUIREMENT

Designated Personnel, appointed by the facility, shall conduct an environmental tour every month of all patient care areas in an effort to provide a safe and sanitary environment for patients, staff and visitors. The overall objective is to identify and eliminate any risks in the physical environment of care.

May 2023: Updated to reflect more detailed Life Safety Code requirements for inspection, testing, and maintenance of fire systems and additional physical plant safety items. Surveyors are hyper-focused on Life Safety requirements. Make sure you have the most current version of this form.

- Physical Environment Checklist (updated May 2023)

LIFE SAFETY CODE FORMS AND LOGS

- Emergency Call System Testing Log
- Emergency Exit Signs Log
- Fire Extinguisher Monthly Check
- Fire Systems and Safety Inspection Log
- Operating Room Emergency Lights Testing Log
- Generator Monthly Load Test

SEARCH

FORM SAMPLES


- Form Samples Overview
- Medical Record Forms
- Laser Procedures (Ophthalmology)
- Life Safety Code**
- Nursing


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Thank You

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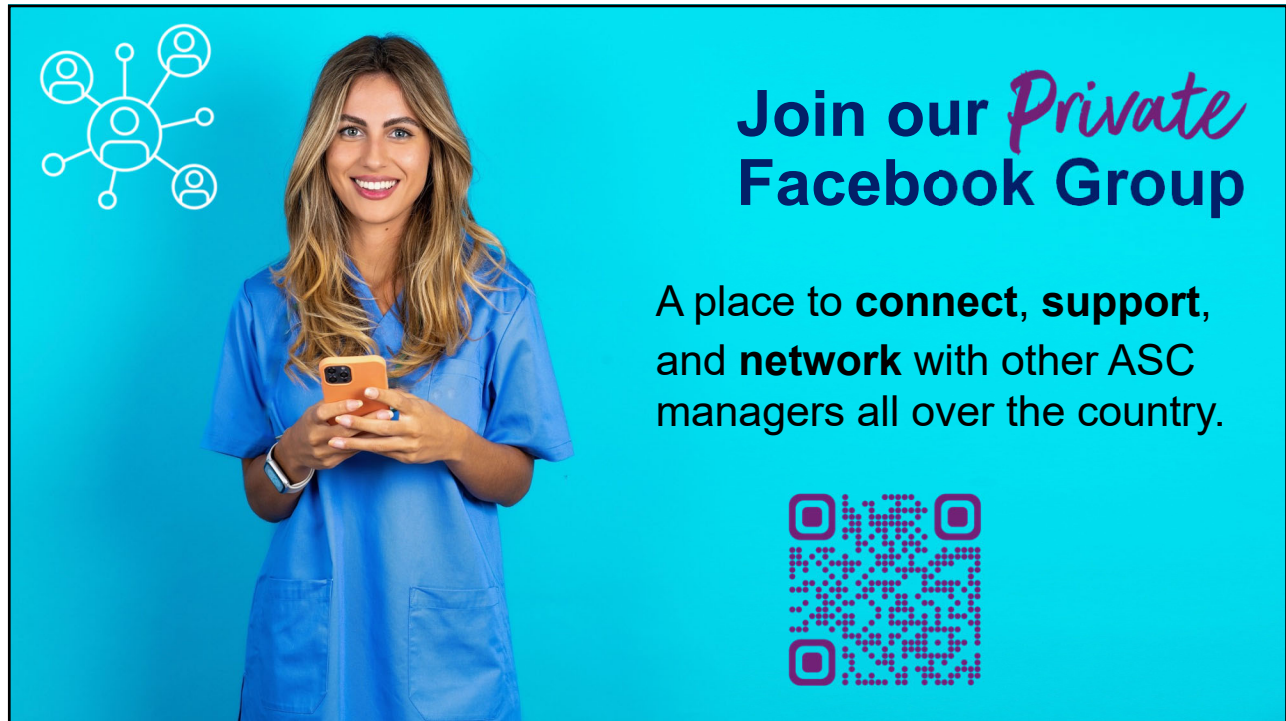
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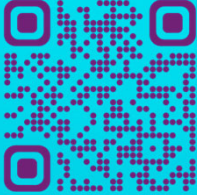
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RUNNING AN ASC CAN BE OVERWHELMING

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Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
DEC 18	60	RN, CASC CAIP	Steam Sterilization	Delores O'Connell <i>STERIS</i>

