



2025 ASC Survey Watch Report

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SURVEYORS

An overview of most frequently cited deficiencies from these organizations.

CMS

Centers for Medicare and Medicaid Services

ACCREDITING ORGANIZATIONS

JC

Joint Commission

AAHC

Accreditation Association for Ambulatory Health Care

ACHC

Accreditation Commission for Health Care

QUAD A

American Association for Accreditation of Ambulatory Surgery Facilities

DNV

Det Norske Veritas



AAAHC 2025 Quality Roadmap

Based on more than a year of AAAHC survey findings

Surgical and Procedural Care

- Facilities and Equipment (FAC)
- Medication Management (MED)
- Credentialing & Privileging (CPV)

Life Safety Code

- Fire Emergency Plan (FEP)
- Smoke and Fire Protection (SFP)
- Essential Electrical Systems (EES)



TOP 5 DEFICIENCIES CMS Conditions for Coverage

- 1 Environment / Sanitary Environment
- 2 Infection Control / Infection Control Program
- 3 Medication Management / Administration of Drugs
- 4 Medical Staff / Credentialing & Privileging
- 5 Medical Records



CMS 1

§416.44 *Environment*

TOP 5

Sanitary Environment / Environment

The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

- The spare sprinkler head storage was not designed to keep the temperature below 100 degrees F.
- Corrugated cardboard boxes were in the clean sterilization room next to sterile supplies and clean scrubs.
- Back tables in OR have corrosion of wheels and need replacing.



CMS 1

§416.44

Environment

TOP 5

Sanitary Environment / Environment

The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

- In preop room, there were tears in the examination table cover, which exposed inner foam mattress and would make cleaning of surfaces difficult.
- The medication refrigerator documentation revealed the refrigerator temperature had been outside the manufacturer recommended range for medication storage 36 to 46 degrees.
- There was no documentation that actions had been taken when the refrigerator medications were out of range.



CMS 2

§416.51 Infection Control

TOP 5

Infection Control

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

- Multiple instances of RN failing to perform hand hygiene after removal of gloves.
- Hinged instruments were sterilized in the closed position.
- Inconsistent PPE use.
- Failure to follow MIFU for reprocessing laser lenses.
- Cleaning of the septum of a newly opened medication vial was not performed was not performed by the anesthesiologist.



CMS 2

§416.51 Infection Control

TOP 5

Infection Control

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

- No documented evidence of weekly leak test on the steam sterilizer as recommended per MIFUs.
- Staff did not perform hand hygiene per facility policy. Specifically, the surgeon did not perform HH after the preop patient exam and marking and, instead picked up the consent to complete; the anesthesiologist did not perform HH after his physical assessment. In addition, the PA did not perform HH after her preop visit to the patient and after removing gloves in the operating room.



CMS 3

\$416.48

***Pharmaceutical
Services***

TOP 5

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.

- Open multi-dose vials were found in anesthesia cart in a patient care area.
- Anesthesia provider did not scrub the hub prior to drawing up or administering medications through the IV hub.
- High alert medications were not labeled as required by policy.
- Medication was available to be administered to patients without being approved or added to the facility's formulary.



CMS 3

\$416.48

***Pharmaceutical
Services***

TOP 5

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.

- There was an order for 25mcg of Fentanyl for pain 1-5 and 50mcg for pain 6-10. In PACU record, it was documented that 50mcg Fentanyl was given for pain score 3-4.
- Anesthesiologist observed administering three medication into the patient IV during surgery, without disinfecting the IV injection port.
- Single-use dose medication vials were being used on more than one patient. The logbook for narcotics shows that one CRNA is utilizing Fentanyl and Versed both single-dose vials for multiple patients.



CMS 4

§416.45 *Medical Staff*

TOP 5

Medical Staff

The medical staff of the ASC must be accountable to the governing body.

- A timeline from a completed and verified application to the time the GB renders a decision is not defined in the credentialing P&Ps.
- Credentialing files were signed by the Administrator, not the Governing Body.
- No evidence of NPDB query reviewed during recredentialing.
- No primary source verification of current licensure.



CMS 4

§416.45 *Medical Staff*

TOP 5

Medical Staff

The medical staff of the ASC must be accountable to the governing body.

- Anesthesiologists were approved for procedures outside of the facility's scope (i.e., tracheostomy, ventilator management).
- In the credentialing files, privileging form indicated that privileges selected as requested had not been marked as approved by the Medical Director and the Governing Body.
- No proof of peer review.



CMS 5

\$416.47
*Medical
Records*

TOP 5

Medical Records

The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.

- A review of medical records found incomplete or inaccurate physical assessments.
- 100% of reviewed records lacked presurgical risk assessment by the surgeon.
- PACU assessments were not completed every 15 minutes per facility policy.
- Allergic reaction was not recorded on the patient chart.



CMS 5

§416.47 *Medical Records*

TOP 5

Medical Records

The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.

- Records reviewed failed to document the procedure's fire risk during the Time Out process.
- No discharge order signed by the physician, for a patient to be transferred to the hospital.
- No physician order for discharge as a part of their patient care and discharge process.



HONORABLE MENTIONS

- 1** Emergency Preparedness / Disaster Planning
- 2** Quality Assessment and Performance Improvement
- 3** Life Safety Code



HONORABLE MENTION CMS

§416.54 *Emergency Preparedness (Appendix Z)*

Emergency Preparedness

The ASC must comply with the applicable emergency preparedness requirements referenced in Appendix Z.

- A documented, facility-based and community-based risk assessment, utilizing an all-hazards approach that was specific to the facility was not completed.
- Emergency preparedness plan, specific to the facility, was not reviewed and updated at least every two years.
- No Communication Plan included in facility EP plan.
- EP plan policies and procedures not specific to the facility.
- Testing and training program not developed or implemented based on facility EP plan.



HONORABLE MENTION CMS

\$416.43

*Quality
Assessment and
Performance
Improvement*

QAPI

The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program

- QAPI studies have been started, but none completed.
- No studies have demonstrated that improvement has occurred.
- External benchmarking has not been accomplished.
- No documentation of improvement projects that it had conducted for the past years.



HONORABLE MENTION

Life Safety Code

Life Safety Code

- Generator monthly testing was not documented for 2 months.
- Portable fire extinguishers were not inspected for 5 months.
- Electrical panel breakers in panels LS and CL were unlabeled.
- Documentation was unavailable during the survey to confirm testing of the Line Isolation Monitors.
- Documentation was missing for medical gas system inspection/testing in the OR.
- No documentation of a fire drill conducted during 4th quarter.
- Battery powered task lights installed in Ors were not tested annually for 90 minutes.



HONORABLE MENTION

Life Safety Code

Life Safety Code

- Missing documentation for monthly load tests of emergency generator.
- No documentation to confirm testing of the generator fuel quality, tested to ASTM standard, was completed during past 12 months.
- The penetration at a sprinkler pipe on the corridor side of the fire-rated barrier was observed sealed with what appears to be white dry wall compound and not sealed with a fire rated material, as required.
- Testing of the water flow devices was not completed semi-annually, as required.
- Not all quarterly fire drills included the transmission of the fire alarm signal, as required.



References

Survey Reports submitted to VMG Health, ASC Consulting for 2024-2025



Available to eSupport Members



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- PROGRESSIVE
SURGICAL
eSupport

ASC COMPLIANCE CALENDAR

SEARCH

 [CLICK LINKS BELOW TO DOWNLOAD](#)

ASC FACILITY COMPLIANCE CALENDAR

- [ASC Compliance Calendar \(Clinical & Life Safety Code\) \(PDF\)](#)
- [ASC Compliance Calendar - Clinical & Life Safety Code \(Excel\)](#)
- [ASC Clinical Compliance Calendar - Clinical & Life Safety Code - with VMG Health Policy References \(PDF\)](#)
- [ASC Clinical Compliance Calendar - Clinical & Life Safety Code - with VMG Health Policy References \(Excel\)](#)
- [ASC Compliance Calendar TRACKING TOOL \(Excel\)](#)



OBSC-QUAD A FACILITY COMPLIANCE CALENDAR

Updated June 2025: to reflect updated QUAD A standards regarding staff training and drill requirements.



eSupport > Medical Staff Credentialing

- Credentialing Guide | Medical Staff
- Credentialing Guide | Allied Health Professionals

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allied health professionals.

Depending on your accrediting body, you may be required to provide and document an orientation.

All files should be kept in secure storage.

ALLIED HEALTH PROFESSIONALS

PAs, NPs and RNFAs are allied health professionals (AHP) and need to be credentialed in a similar fashion to medical staff members for privileges. See specific AHP Credentialing Guide linked below.

 [CLICK LINKS BELOW TO DOWNLOAD](#)

April 2024: Updated to reflect current AMA physician profile , NPDB query, and DEA verification instructions resources for medical staff and allied health professionals.

September 2025: Starting July 1, 2025, the Centralized Credentials Verification Service (CCVS) rosters and expire after 90 days instead of 120 to comply with updated NCQA certification standards.

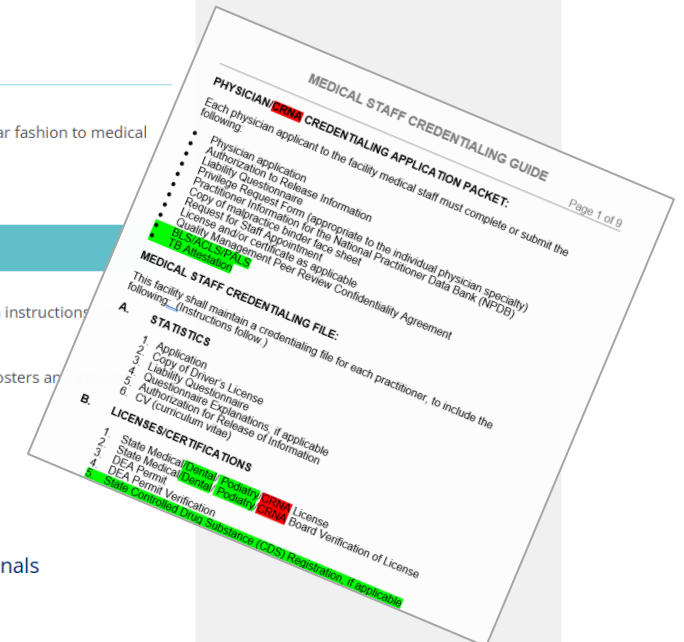
 [Credentialing Guide | Medical Staff](#)

 [Credentialing Guide | Allied Health Professionals](#)

 [General Orientation Checklist: Medical Staff / Allied Health Professionals](#)

 [CRNA Opt Out States](#)

 [CRNA Scope of Practice](#)



eSupport > Infection Control > Hand Hygiene

- Hand Hygiene Observation Tools

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[GOJO Healthcare Industry Hand Hygiene Solutions](#)

[GOJO Healthcare Hand Hygiene Education](#)

Hand hygiene is a great QI study! Use the GloGerm black light kit to really see how effective your staff's hand hygiene is.

[GloGerm](#)

[GlitterBug](#)

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HAND HYGIENE MONITORING TOOLS

- [PSS Hand Hygiene Observation Tool](#)
- [Hand Hygiene Quarterly Monitoring Tool](#)
- [Hand Hygiene Observation Tool | Indiana State Department of Health](#)
- [Hand Hygiene Observation Tool | Park Nicollet Methodist Hospital](#)

OTHER TOOLS/RESOURCES

- [World Health Organization \(WHO\) Guidelines on Hand Hygiene in Health Care: a Summary](#)
- [Top Clinical Concerns Related to Surgical Gloves](#)
- [5 Moments of Hand Hygiene](#)
- [CDC Hand Hygiene Brochure](#)
- [CDC Hand Hygiene Poster](#)
- [How to Handrub Poster](#)
- [How to Handwash Poster](#)

[Water Quality ST108](#)

[Scope Processing](#)

[Infection Control Resources](#)

[COVID-19 & Influenza](#)



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eSupport > Infection Control > Instrument Decontamination and Sterilization

- Laser Lens Cleaning and Disinfection

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The American Society of Cataract and Refractive Surgery (ASCRS), the American Academy of Ophthalmology (AAO), and the Outpatient Ophthalmic Surgery Society (OOSS) released Guidelines for the Cleaning and Sterilization of Intraocular Surgical Instruments. This document, is the result of a three-year collaboration of these organizations through a task force and makes evidence-based recommendations for cleaning and sterilization of ophthalmic instruments.

[2018 Guidelines for Cleaning and Sterilization of Intraocular Surgical Instruments.](#)

[AAO & ASCRS | Statement Regarding TJC Clarification of Its Position on Sterilization Practices](#)

LASER LENS CLEANING & DISINFECTION

Laser lenses used for procedures such as YAGs or SLTs must be both **cleaned** and **disinfected** per the manufacturer's instructions for use (MIFU). Be sure to review these instructions carefully, following each step and using the disinfectants as instructed. This will often include detergent selection and contact times, rinsing methods, drying, and storage protocols. If these lenses are approved for sterilization and are required for use in the sterile field, these instructions will also be provided.

It is also recommended that you select a disinfectant approved by the FDA for the purposes of high-level disinfection. Not all disinfectants approved by the manufacturer will be found on this list. These agents must always be prepared per the MIFU.

[FDA-Cleared Sterilants and High Level Disinfectants with General Claims for Processing Reusable Medical and Dental Devices](#)

[VOLK Lenses](#)

[Ocular Instrument Lenses](#)

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[Chemical Indicator Classes Defined](#)

[Reusable Phaco Tip Tracking Form](#)



eSupport > Survey Watch

- Survey Preparation Staff Quiz
- Survey Reports

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SURVEY PREPARATION | STAFF QUIZ

Do you have a survey coming up? Use this quiz to prepare your employees for a deemed status accreditation survey.

[Survey Preparation Staff Quiz](#)

SURVEY REPORTS

[CLICK LINKS BELOW TO DOWNLOAD](#)

2025

2024

2023

2022

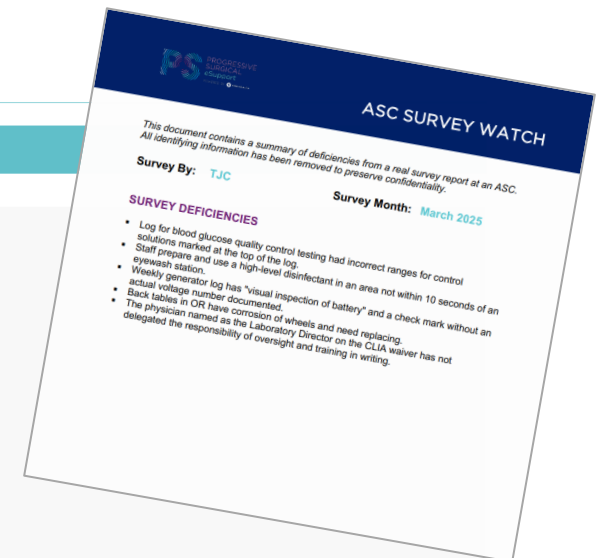
2021

2020

2019

2018

- [ACHC SURVEY AUGUST 2025](#)
- [Quad A SURVEY AUGUST 2025](#)
- [Quad A SURVEY JULY 2025](#)
- [AAAHC SURVEY JUNE 2025](#)
- [TJC SURVEY JUNE 2025](#)
- [TJC SURVEY MAY 2025](#)
- [TJC SURVEY APRIL 2025](#)
- [QUAD A SURVEY MARCH 2025](#)
- [TJC SURVEY MARCH 2025](#)





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and profitable ASC **with confidence.**



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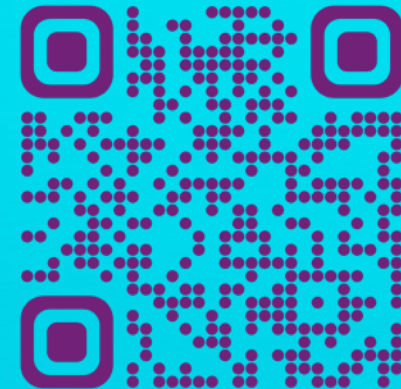
RUNNING AN ASC CAN BE OVERWHELMING





Join our *Private* Facebook Group

A place to **connect, support,**
and **network** with other ASC
managers all over the country.



ASC | LEADERSHIP NURSE | CONFERENCE

SAVE THE *new* DATE
APRIL 17 - 18, 2026
DALLAS, TX

Registration opens soon!

ASCNURSELEADERSHIP.COM

Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
NOV 21	60	RN CASC	Inventory Management: Key Strategies for Enhancing ASC Financial Health and Profitability	Vanessa Sindell MSN, BSN, RN, CAIP Nancy Stephens <i>VMG Health</i>
DEC 12	60	RN CASC	Life Safety Code Survey Deficiencies and Compliance Strategies	Dale Lyman Apryl McElheny, MBA, MSN, RN, CASC, CIC <i>VMG Health</i>





2026 WEBINAR CALENDAR

Coming Soon!

