

Ambulatory Surgical Center Q-07.03
Top Ten Federal Deficiencies
(07-01-10 through 06-30-11)

416.51(a)	Sanitary Environment
416.44(a)(1)	Physical Environment
416.41(c)	Disaster Preparedness Plan
416.48(a)	Administration of Drugs
416.51	Infection Control
416.51(b)	Infection Control Program
416.50(a)(1)(ii)	Notice Posting
416.52(a)(1)	Admission Assessment
416.43(e)	Governing Body Responsibilities
416.50(a)(1)(ii)	Notice Physician Ownership

0241:

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

0101:

The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.

0043:

- (1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.
- (2) The ASC coordinates the plan with State and local authorities, as appropriate.
- (3) The ASC conducts drills, at least annually, to test the plan's effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.

0181:

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

0240:

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

0242:

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

0222:

In addition, the ASC must -

Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment. The ASC's notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.

0261:

Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician (as defined in section 1861(r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards or practice, and ASC policy.

0084:

The governing body must ensure that the QAPI program-

- (1) Is defined, implemented, and maintained by the ASC.
- (2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness.
- (3) Specifies data collection methods, frequency, and details.
- (4) Clearly establishes its expectations for safety.
- (5) Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program

0223:

The ASC must also disclose, where applicable, physician financial interests or ownership in the ASC facility in accordance with the intent of Part 420 of this subchapter. Disclosure of information must be in writing and furnished to the patient in advance of the date of the procedure.