

Ambulatory Surgical Center
Top Ten Federal Deficiencies
(01-01-15 through 12-31-15)

416.51(a)	Sanitary Environment
416.48(a)	Administration of Drugs
416.44(a)(1)	Physical Environment
416.52(a)(1)	Admission Assessment
416.50(c)(1)(2)(3)	Advance Directives
416.51(b)	Infection Control Program
416.42(a)(1)	Anesthetic Risk and Evaluation
416.47(b)	Form and Content of Record
416.41(c)	Disaster Preparedness Plan
416.47(a)	Organization

0241:

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

0181:

Drugs must be prepared and administered according to established policies and 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.

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.

0224:

The ASC must comply with the following requirements:

(i) Provide the patient or, as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws, and, if requested, official State advance directive forms.

(ii) Inform the patient or, as appropriate, the patient's representative of the patient's rights to make informed decisions regarding the patient's care.

(iii) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.

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

0061:

A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.

0162:

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:

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

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.

0161:

The ASC must develop and maintain a system for the proper collection, storage, and use of patient records