Medicare Ambulatory Surgical Center (ASC) Accreditation Standards Manual

Version 8.1, Effective March 1, 2022

American Association for Accreditation of Ambulatory Surgery Facilities

Table of Contents

Survey Instructions

Please complete the Standards Manual for the facility by assessing compliance with the standards contained in this book.

Standards Structure

Standards found in this book are organized by grouping relevant standards together. These groupings are comprised of "Sections", "Sub-sections", and then individual standard numbers. Each main "Section" is identified by a numerical value, "Sub-sections" have been assigned an alphabetical value, and the individual standards under the subsection have also been numbered. Based on this format, each standard has been assigned a unique identifier to include all three elements to indicate its location.

For example: The standard which states, "Each operating room must be designed and equipped so that the types of operations conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area" is the first standard under Section 2, Sub-section C. Therefore, the unique identifier for this standard is: 2-C-1.

Please note that not all standards are necessarily in continuous sequential order. Some numbers have been reserved for future use and do not appear in the manual. The groupings within the Sections and Sub-sections of this book are intended to separate standards into logical sets of standards. Based on 40 years' experience, such groups are likely, but not guaranteed, to be found and assessed during the same portion of the survey process.

Standards Book Layout

The standards manual layout consists of five columns. The function of each column are as follows:

ID: This column contains the alphanumerical identifier for each standard.

Standard: This column contains the text for each standard.

CMS Ref: This column indicates the corresponding CMS regulatory reference, if applicable.

Class: This column indicates the anesthesia classification, based on AAAASF definitions, that is applicable to the standard. Only facilities that provide anesthesia meeting the definition of one or more of the classifications listed in this column are required to comply with that particular standard.

Score: This column is used to document compliance or non-compliance by the surveyor during the survey process; or, by the facility during self-assessment reviews for performance. As stated below, if 100% compliance is not achieved, the standard is marked as “deficient”.

Scoring Compliance

The AAAASF accreditation program requires 100% compliance with each standard to become and remain accredited. There are no exceptions. If there is even one instance where a surveyor makes an observation of non-compliance, the standard is scored as “Deficient” and the facility will be required to submit a Plan of Correction, as well as evidence of completed corrections. There may be occasion where the surveyor observes non-compliance, but the facility is able to demonstrate that the deficiency has been corrected while the surveyor is still on-site. Applicable standard(s) will be given a score of deficient. To provide full context to AAAASF and CMS, the survey findings should illustrate that non-compliance was corrected in the presence of the survey team.

AAAASF does not confer accreditation until a facility has provided acceptable plans of correction and evidence of corrections for every deficiency cited. However, when a standard refers to "appropriate", "proper" or "adequate", reasonable flexibility and room for consideration by the surveyor is permitted as long as patient and staff safety remain uncompromised.

NOTES:

Click or tap here to enter text.

SURVEY INFORMATION

Facility ID: [Abstract]

Facility Name: [Company]

Facility Class: Choose an item.

Medical Director: Click or tap here to enter text.

Anniversary Date: Click or tap to enter a date.

Accreditation Cycle: Click or tap here to enter text.

Surveyor: [Manager]

Number of Surveyors on Team: Click or tap here to enter text.

Survey Start Date: Click or tap to enter a date.

Survey End Date: [Publish Date]

Total # of Deficiencies: Click or tap here to enter text.

Monthly Case Volume: Click or tap here to enter text.

Time In (hh:mm): Click or tap here to enter text.

Time Out (hh:mm): Click or tap here to enter text.

☐ **Facility Refused Survey**

☐By checking this box, I certify that the above information is accurate to the best of my knowledge.

Site-Specific Surveyor Attestation Form
AAAASF Accreditation Programs

I attest that I have conducted the survey of the facility named above in a manner consistent with the initial agreement signed as a condition of becoming an AAAASF surveyor.

I have never been found to be in violation of the Code of Ethics of any professional society or association.

I have never had my right to practice nursing, medicine, and/or surgery limited, suspended, terminated, or otherwise affected by any state, providence, or country and have never been disciplined by any medical licensing authority.

I fully understand, upheld, and complied with all AAAASF policies and procedures in the surveying of facilities on behalf of AAAASF. (See Link to Surveyor Resource / Policy Page)

I understand and confirm that I followed the requirements of the AAAASF Surveyor Code of Conduct (Surveyor Code of Conduct) while conducting this survey.

I understand and confirm that I followed the AAAASF Surveyor Guidelines (See Link to Surveyor Resource / Policy Page) while conducting this survey.

I understand that this survey may be subject to an annual surveyor evaluation and review process conducted by AAAASF Quality Assurance Committee.

I attest that as a condition for maintaining my eligibility as an AAAASF Surveyor, I have attended an AAAASF surveyor in service training course at least once in the last 3 years, completed the surveyor training examination administered at the conclusion of the training course. I understand that surveyor certification status depends on passing the training examination.

I attest that this survey was conducted in accordance with the AAAASF Conflict of Interest agreement (See Policy on Conflicts of Interest & Policy on Reporting Conflicts of Interest), that I read, signed, and agreed to abide by as a condition for becoming an AAAASF Surveyor. (See Policy on Surveyor Qualifications)

CMS surveys only: In accordance with Center for Medicare and Medicaid Services, State Operations Manual Section 2700A, I confirm that this survey was unannounced, that I neither revealed the time nor date of the survey to the facility, and that I will assume responsibility under Sections 1819(g)(2)(A)(i), 1919(g)(2)(A)(i), and 1891(c)(1) of the

Social Security Act should I be found to have revealed the date and/or time of a survey to any member of the facility staff that was surveyed.

I have read, understand, and have conducted this survey in accordance with all related AAAASF policies and procedures (See Link to Surveyor Resource / Policy Page) , including, but not limited to:

- Basic Surveyor Expectations (See Policy on Basic Surveyor Expectations)
- How to Conduct the Review of Clinical Records (See Policy on Review of Clinical Records)
- How to Conduct the Review of Personnel Records (See Policy on Review of Personnel Records)
- How to Conduct a Case Tracer (See Case Tracer Instruction)
- How to Write a Statement of Deficiency (SOD) (See Policy on Writing a Statement of Deficiency)
- Policy for Reporting Fraud, Abuse, or Suspicious Activities (See Policy for Reporting Fraud & Abuse)
- Immediate Jeopardy (See Guide to Notifying an Immediate Jeopardy)
- Quality Assurance (QA) Committee
- Disclosure Statement and Affirmation of Confidentiality (See Policy on Conflicts of Interest)

I attest that this survey report has been submitted to AAAASF within two (2) business days of conducting the survey.

I understand that in case of dispute, the AAAASF Board of Directors has the right to revoke or deny my certification status as an AAAASF surveyor. Surveying for AAAASF is at will and may be discontinued by either party with or without notice. Any such decision by the AAAASF Board is final.

☐ By checking this box, I attest that I meet the criteria to be an AAAASF surveyor and I submit this attestation regarding the survey conducted at this facility, as required by AAAASF.

Immediate Jeopardy Reporting Template

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Y/N	Enter comments here.
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Y/N	Enter comments here.
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Y/N	Enter comments here.

CLINICAL RECORD REVIEW WORKSHEET

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
6-A-3 *A, B, C-M, C* Verbal orders for drugs and biologicals are followed by a written order and signed by prescribing physician.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
6-G-2 *C-M, C* Adequate screening for MH risk.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-A-7 *A, B, C-M, C* Every record must be accurate, legible, and promptly completed.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-1 *A, B, C-M, C* Patient identification.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-2 *A, B, C-M, C* Pre-operative surgical safety checklist.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-6 *A, B, C-M, C* Medical Clearance, if applicable.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-7 / 8-B-8 *A, B, C-M, C* History & Physical.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C		
8-B-8 / 8-B-13 *A, B, C-M, C* Pre-surgical assessment includes allergies and responses.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-10 *A, B, C-M, C* Pre-op blood pressure, pulse, respirations, and temperature.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-11 *A, B, C-M, C* Medication record of all pre-operative medications given to a patient. Includes the date, time, amount, and route of administration.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-12 *B, C-M, C* The pre-operative documentation of all IV and sub-Q fluids given.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-14 *A, B, C-M, C* The pre-op record includes current medications.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-15 *A, B, C-M, C* The pre-op record includes previous serious illness.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-B-16 *A, B, C-M, C* The pre-op record includes current and chronic illness.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-17 *A, B, C-M, C* The pre-op record includes previous operations.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-18 *A, B, C-M, C* The pre-op record includes perioperative bleeding risk, including medical conditions and medications taken up to day of operation.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-19 *A, B, C-M, C* Documentation of pregnancy testing, as appropriate.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-20 *A, B, C-M, C* The pre-op record includes evidence that treating physicians or consultants are contacted when warranted by the H & P.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-21 *A, B, C-M, C* The pre-op record includes appropriate laboratory procedures performed where indicated.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-22 *A, B, C-M, C* The pre-op record includes pre-op diagnostic studies, if performed.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-23 *B, C-M, C* The pre-op record includes a written screening protocol for VTE risk.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-24 *A, B, C-M, C* Surgeon/proceduralist and anesthesia provider concur on appropriateness of procedure(s) to be performed.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-25 *A, B, C-M, C* Immediately before surgery a physician must examine the patient to evaluate the risk of the scheduled procedure(s).	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-B-26 *A, B, C-M, C* Immediately before surgery a physician or anesthetist must examine the patient to evaluate the risk of anesthesia.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-C-1 *A, B, C-M, C* Properly executed informed consent forms are always obtained, including surgeon by name & describes procedure.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-C-2 *A, B, C-M, C* Informed Consent includes expectations, alternatives, risks, and complications are discussed with the patient.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-C-3 *A, B, C-M, C* Informed consent provides for administration of anesthesia/ sedatives under direction of surgeon, anesthesiologist, CRNA.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-D-3 *A, B, C-M, C* Advance Directives.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-E-1 *A, B, C-M, C* Laboratory, pathology, radiology, consultation, and treating physician reports are kept in the medical record.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-E-2 *A, B, C-M, C* All lab results are reviewed and initialed by the CRNA, anesthesiologist, RN, or surgeon/proceduralist.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
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CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	**TOTAL DEFICIENT**	**TOTAL REVIEWED**
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C	☐O ☐ C		
8-E-3 *A, B, C-M, C* All abnormal lab results are reviewed and initialed by the surgeon/proceduralist within one week of receipt of results.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-E-4 *A, B, C-M, C* All other reports, such as path reports and medical clearances, are reviewed & initialed by surgeon/ proceduralist.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-E-7 *A, B, C-M, C* Records contain findings and techniques of operation, includes pathologist's report on all tissues removed during surgery, except those exempted by the governing body.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-E-9 *A, B, C-M, C* Name of pathologist is on all pathology reports.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-1 *A, B, C-M, C* A physician has verified that an anesthesia care plan has been developed and documented.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-F-2 *A, B, C-M, C* A physician has verified that the patient or a responsible adult has been informed about the anesthesia care plan.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-4 *A, B, C-M, C* Evidence the anesthesia care plan is based on a review of the medical record.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-5 *A, B, C-M, C* Evidence the anesthesia care plan is based on medical history.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-6 *A, B, C-M, C* Evidence the anesthesia care plan is based on prior anesthetic experiences.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-7 *A, B, C-M, C* Evidence the anesthesia care plan is based on drug therapies.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-8 *A, B, C-M, C* Evidence the anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-F-9 *A, B, C-M, C* Evidence the anesthesia care plan is based on a review of the medical tests and consultations.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-10 *A, B, C-M, C* Evidence the anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-F-11 *A, B, C-M, C* Evidence the anesthesia care plan is based on providing pre-operative instructions.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-G-1 *B, C-M, C* A "time out" is documented in the operative chart prior to every operation.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-2 *B, C-M, C* Evidence of circulation monitored by continuous EKG during procedures.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-3 *B, C-M, C* Evidence of circulation monitored by blood pressure documented at least every five (5) minutes.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
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PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-H-4 *B, C-M, C* Evidence of circulation monitored by heart rate documented at least every five (5) minutes.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-5 *A, B, C-M, C* Evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-6 *B, C-M, C* Evidence of circulation monitored by heart auscultation.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-7 *B, C-M, C* Evidence of circulation monitored by arterial blood pressure every 5 minutes (minimum). Circulation may be monitored by intra-arterial pressure.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-8 *B, C-M, C* Evidence of circulation monitored by ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-H-9 *C-M, C* Evidence of temperature monitoring when clinically significant changes in body temperature are expected.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-10 *C* Adequacy of ventilation continually evaluated.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-11 *B, C-M, C* End tidal carbon dioxide (ETCO2) sampling on all sedation or general anesthetics.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-15 *A, B, C-M, C* Anesthesia record includes all medication given to patient including: date, time, amount and route of administration.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-H-16 *B, C-M, C* Anesthesia record includes all IV and SQ fluids given pre-operatively, intra-operatively and post-operatively.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-1 *B, C-M, C* PACU documentation includes patient's time of arrival.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-J-2 *A, B, C-M, C* Patient's post-surgical condition assessed and documented by a qualified practitioner.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-3 *B, C-M, C* PACU documentation includes assessment of the patient by the anesthesia recovery staff and a responsible physician.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-4 *B, C-M, C* PACU documentation includes a comprehensive medication record, including date, time, amount, and route of admin.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-5 *B, C-M, C* PACU documentation includes a record in which all IV and SQ fluids given post-operatively are recorded.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-6 *B, C-M, C* PACU documentation includes post-op vitals, level of consciousness, and nurses' notes until the patient is discharged.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-J-9 *A, B, C-M, C* Post-operative progress notes are recorded.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-J-10 *A, B, C-M, C* There is a procedure report which includes procedure technique and findings.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-1 *A, B, C-M, C* Discharge order, signed by the physician who performed the surgery/procedure.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-2 *A, B, C-M, C* Discharge diagnosis.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-3 *A, B, C-M, C* Discharge notes include post-surgical needs.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-4 *B, C-M, C* Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score).	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-5 *B, C-M, C* Evaluation of each patient for proper anesthesia recovery. The physician's or anesthetist's name must be noted on the patient record.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

CLINICAL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PATIENT INITIALS:	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
OPEN / CLOSED RECORD?	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C	☐O ☐C		
8-K-8 *A, B, C-M, C* A signed copy of written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient's care and transportation following a procedure. Copy maintained in patient's chart.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-9 *A, B, C-M, C* Written discharge instructions and overnight supplies have been provided to each patient. Including follow-up appointments, prescriptions, instructions, and physician contact info.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
8-K-10 *B, C-M, C* Responsible adult arranged to supervise patient for 12-24 hours post-discharge.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

PERSONNEL RECORD REVIEW WORKSHEET

Clinical personnel summary:

MD/DOs:Enter #; # PAs: Enter #; # RNs: Enter #; # LPNs/LVNs: Enter #; # MAs: Enter #; #/type other: Other

PERSONNEL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PERSONNEL INITIALS:	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID		
ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
3-G-2 *C* Training to reduce occupational exposure to anesthetic gases, as appropriate.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
5-D-30 *A, B, C-M, C* Emergency Preparedness - Initial training	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
5-D-31 *A, B, C-M, C* Emergency Preparedness - Training at least every two (2) years.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
5-D-32 *A, B, C-M, C* Emergency Preparedness – Contain documentation of all EP training. (May be included in EPP documentation or personnel files.)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
5-D-33 *A, B, C-M, C* Emergency Preparedness – Documentation must demonstrate staff knowledge.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
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ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
5-D-34 *A, B, C-M, C* Emergency Preparedness – Training on updated policies and procedures after significant updates to EPP.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
6-G-3, 6-G-4, 6-G-5 *C-M, C* Annual MH drill.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-B-1 *A, B, C-M, C* Medical Director – MD, DO, DPM, DMD, DDS, or CRNA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-B-3 *A, B, C-M, C* Medical Director – Currently licensed in state where facility is located.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
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11-B-4 *A, B, C-M, C* Medical Director – Board certified or eligible for certification by ABMS, AOABOS, ABFAS, ABPM, NBCRNA, APBD, or ABOMS.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-2, 11-C-4, 11-D-1 *A, B, C-M, C* Medical Staff – Legally and professionally credentialed and qualified for positions and performance of privileges as granted.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
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ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
11-C-3 *A, B, C-M, C* Medical Staff – Privileges and scope of procedures must be periodically reappraised and amended as appropriate.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-7 *A, B, C-M, C* Surgeon/Proceduralist – Must be MD, DO, DPM, DMD, or DDS. Must be currently certified, previously certified, or eligible for certification by listed boards.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-8 *A, B, C-M, C* Surgeon/Proceduralist – Operating within scope of board certification and/or AMA Core Principle #7.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-9 *A, B, C-M, C* Surgeon/Proceduralist – Holds or has held unrestricted hospital privileges or has full primary source verification.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-10 *A, B, C-M, C* Surgeon/Proceduralist – If no admitting privileges at nearest hospital, must be same-specialty physician willing to admit patients to nearest hospital.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
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ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
11-C-11 *A, B, C-M, C* Interventional Radiologists: • MD or DO • Board certification/eligible by ABR • Fellowship training • Current certificate of added qualifications • Hospital privileges	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-C-12 *A, B, C-M, C* Pain Management: • MD or DO • Fellowship training • ABMS board certification in Anesthesiology, Physical Medicine & Rehab (PM&R), Psychiatry/Neurology • Sub-specialty certificate from ABA or AOABOS • Hospital privileges	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-D-4 *A, B, C-M, C* Physician responsible for supervising the administration of anesthesia has knowledge of anesthetics and resuscitative techniques. DPM and OMS surgeons must use an anesthesiologist or supervising physician to administer anesthesia.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
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ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
11-H-4 *A, B, C-M, C* Hazardous Health Problems Noted & Plan of Action (If none exist, this should be noted in the file.)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-5 *A, B, C-M, C* Resume of Training	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-6, 11-C-5, **and** 11-D-2 *A, B, C-M, C* State License or Certification	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-7 *A, B, C-M, C* Date of Employment	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-8 *A, B, C-M, C* Description of Duties	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-9 *A, B, C-M, C* Record of Continuing Education	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-H-10 *A, B, C-M, C* Inoculations or Refusals	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-1 *A, B, C-M, C* Hazard Safety Training	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-2 *A, B, C-M, C* Blood-Borne Pathogens Training	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

PERSONNEL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PERSONNEL INITIALS:	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID		
ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
11-I-3 *A, B, C-M, C* Universal Precautions Training	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-4 *A, B, C-M, C* Other Safety Training (Fire Extinguisher etc.)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-5 *A, B, C-M, C* BLS/ACLS/PALS Certifications	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-6 *A, B, C-M, C* Knowledgeable to treat cardiopulmonary and anaphylactic emergencies.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-10 *A, B, C-M, C* OR personnel familiar with equipment / procedures utilized in the treatment of emergencies (standards section 5-C)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-11 *A, B, C-M, C* If gas sterilizer or AER used, appropriate personnel familiar with operating instructions.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
11-I-12 *A, B, C-M, C* Documented training for appropriate personnel related to scope cleaning, reprocessing, and storing.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

PERSONNEL RECORD REVIEW	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTAL DEFICIENT	TOTAL REVIEWED
PERSONNEL INITIALS:	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID		
ROLE	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role	Role		
12-A-9 (Florida-only) *A, B, C-M, C* All staff educated in risk management activities at hire, annually, and whenever need is identified.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
Click or tap here to enter text.	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	☐ Y ☐ N ☐NA	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						
Click or tap here to enter text.	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	# Deficient	Total Reviewed
Comments: Enter comments for any deficiencies noted and/or any records where this standard may not be applicable.																						

Case Tracer Worksheet

Procedure: Click or tap here to enter text.
Length of case: Click or tap here to enter text. hours Click or tap here to enter text. minutes

☐Yes ☐No ASC obtained written patient consent for surveyor to observe procedure
☐Yes ☐No ASC Surveyor observed patient from pre-op through discharge
☐Yes ☐No ASC observed for compliance with standards, infection control, and medication security
☐Yes ☐No ASC Surveyor interviewed the patient/family member and ASC facility staff

Interview the patient and/or family about patient care, knowledge of their surgery/procedure, post op care, discharge planning, and rights.

Patient/Family member Name: Click or tap here to enter text.
Date: Click or tap to enter a date. Time of Interview: Click or tap here to enter text.
Interview Comments: Click or tap here to enter text.

Interview the staff about their knowledge of the patient and care needs, their assigned patients and responsibilities, and their knowledge of the operating/procedure room policies and procedures.

ASC Staff Name and Title: Click or tap here to enter text.
Date: Click or tap to enter a date. Time of Interview: Click or tap here to enter text.
Interview Comments: Click or tap here to enter text.

☐Case Tracer Successful ☐Facility Refused Case Tracer

Surveyor Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Exhibit 351

ASC INFECTION CONTROL SURVEYOR WORKSHEET

(Rev.)

Name of State Agency or AO : AAAASF

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the infection control Condition for Coverage. Items are to be assessed primarily by surveyor observation, with interviews used to provide additional confirming evidence of observations. In some cases, information gained from interviews may provide sufficient evidence to support a deficiency citation.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, the staff person responsible for sterilization should answer the sterilization questions). A minimum of one surgical procedure must be observed during the site visit. The surveyor(s) must identify at least one patient and follow that case from registration to discharge to observe pertinent practices. For facilities that perform brief procedures, e.g., colonoscopies, it is preferable to follow at least two cases. When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the AAAASF Standards Worksheet when deficient practices are observed.

PART 1 – ASC CHARACTERISTICS

1. ASC Name: [Company]
2. Address, State, Zip Code: Click or tap here to enter text.
3. 10-digit CMS Certification Number: Click or tap here to enter text.
4. What year did the ASC open for operation? (YYYY) Click or tap here to enter text.
5. Please list date(s) of site visit: Click for Date to Enter Survey End Date
6. What was the date of the most recent previous federal (CMS) survey?
7. Does the ASC participate in Medicare via accredited "deemed" status? ☒**Yes** ☐**No**
   - **7a.** If YES, by which CMS-recognized accreditation organization(s)? **AAAASF**
   - **7b.** If YES, according to the ASC, what was the date of the most recent accreditation survey? Enter Date
8. What is the ownership of the facility? (**SELECT ONLY ONE FROM LIST BELOW**)
   - **8a.** ☐Physician-owned
   - **8b.** ☐Hospital-owned
   - **8c.** ☐National corporation (including joint ventures with physicians)
   - **8d.** ☐Other (please specify): Click or tap here to enter text.
9. What is the **primary procedure** performed at the ASC (i.e., what procedure type reflects the majority of procedures performed at the ASC)? **(Select only ONE)**

☐ Dental	☐ Orthopedic
☐ Endoscopy	☐ Pain
☐ Ear/Nose/Throat	☐ Plastic/reconstructive
☐ OB/Gyn	☐ Podiatry
☐ Ophthalmologic	☐ Other: Click or tap here to enter text.

10. What additional procedures are performed at the ASC? (**Select ALL that apply**):

- ☐ **N/A**
- ☐ Dental
- ☐ Endoscopy
- ☐ Ear/Nose/Throat
- ☐ OB/Gyn
- ☐ Ophthalmologic
- ☐ Orthopedic
- ☐ Pain
- ☐ Plastic/reconstructive
- ☐ Podiatry
- ☐ Other: Click or tap here to enter text.

11. Who does the ASC perform procedures on? (**Select only ONE**):

11a. ☐Pediatric Patients only
11b. ☐Adult Patients only
11c. ☐Both Pediatric **AND** Adult Patients

12. What is the average number of procedures performed at the ASC **PER MONTH**? Click or tap here to enter text.

13. How many Operating Rooms (including procedure rooms) does the ASC have? Click or tap here to enter text.
13a. Number actively maintained: Click or tap here to enter text.

14. Please indicate how the following services are provided: (**fill in ALL that apply**):

	Contract	Employee	Other	Describe "Other" if applicable
Anesthesia/Analgesia	☐	☐	☐	Click or tap here to enter text.
Environmental Cleaning	☐	☐	☐	Click or tap here to enter text.
Linen	☐	☐	☐	Click or tap here to enter text.
Nursing	☐	☐	☐	Click or tap here to enter text.
Pharmacy	☐	☐	☐	Click or tap here to enter text.
Sterilization/Reprocessing	☐	☐	☐	Click or tap here to enter text.
Waste Management	☐	☐	☐	Click or tap here to enter text.

INFECTION CONTROL PROGRAM

15. Does the ASC have an explicit infection control program? ☐**Yes** ☐**No**
NOTE: If the ASC does **not** have an explicit infection control program, a condition-level deficiency related to 42 CFR 416.51 **MUST** be cited. Click AAAASF Standard 7-A-1 to document citation as appropriate.

16. Does the ASC's infection control program follow nationally recognized infection control guidelines? ☐**Yes** ☐**No**
NOTE: If the ASC does **not** follow nationally recognized infection control guidelines, a deficiency related to 42 CFR 416.51(b) **MUST** be cited. Depending on the scope of the lack of compliance with national guidelines, a condition-level citation may also be appropriate. Click **AAAASF Standard** 7-A-6, 7-A-7, 7-A-8, 7-A-9 **and/or** 7-A-1 to document citation(s) as appropriate.

16a. Is there documentation that the ASC considered and selected nationally-recognized infection control guidelines for its program? ☐**Yes** ☐**No**

NOTE! If the ASC cannot document that it considered and selected specific guidelines for use in its infection control program, a deficiency related to 42 CFR 416.51(b) **must** be cited. This is the case even if the ASC's infection control practices comply with generally accepted standards of practice/national guidelines. If the ASC neither selected any nationally recognized guidelines nor complies with generally accepted infection control standards of practice, then the ASC should be cited for a condition-level deficiency related to 42 CFR 416.51. Click AAAASF Standard 7-A-1 to document citation as appropriate.

16b. If YES to 16a, which nationally-recognized infection control guidelines has the ASC selected for its program? (Select **ALL** that apply)

☐ CDC/HICPAC Guidelines	☐ Guidelines issued by a specialty surgical society/
☐ Guideline for Isolation Precautions (CDC/HICPAC)	organization (List below)
☐ Hand Hygiene (CDC/HICPAC)	Click or tap here to enter text.
☐ Disinfection and Sterilization in Healthcare Facilities (CDC/HICPAC)	☐ Others (List below)
☐ Perioperative Standards and Recommended Practices (AORN)	Click or tap here to enter text.

17. Does the ASC have a licensed health care professional qualified through training in infection control and designated to direct the ASC's infection control program? ☐**Yes** ☐**No**
NOTE! If the ASC cannot document that it has designated a qualified professional with training (not necessarily certification) in infection control to direct its infection control program, a deficiency related to 42 CFR 416.51(b)(1) **must** be cited. Lack of a designated professional responsible for infection control should be considered for citation of a condition-level deficiency related to 42 CFR 416.51. Click AAAASF Standard 7-A-1 to document citation as appropriate.

17a. If YES, is this person an: (Select only ONE): ☐**ASC Employee** ☐**ASC Contractor**
17b. Is this person certified in infection control (i.e., CIC) ☐**Yes** ☐**No**
17c. If this person is NOT certified in infection control, what type of infection control training has this person received? Click or tap here to enter text.
17d. On average, how many hours per week does this person spend in the ASC directing the infection control program? Click or tap here to enter text. Hours per week

Note: §416.51(b)(1) does **not** specify the amount of time the person must spend in the ASC directing the infection control program, but it is expected that the designated individual spends sufficient time on-site directing the program, taking into consideration the size of the ASC and the volume of its surgical activity. **If the Infection Control Director does not have appropriate training, Click AAAASF Standard 7-A-1 to document citation as appropriate.**

18. Does the ASC have a system to actively identify infections that may have been related to procedures performed at the ASC? ☐**Yes** ☐**No**

NOTE! If the ASC does not have a documented identification system, a deficiency related to 42 CFR 416.51(b)(3) must be cited. Click **AAAASF Standard** 7-A-9 to document citation as appropriate.

18a. If YES, how does the ASC obtain this information? (Select **ALL** that apply)

☐ The ASC sends e-mails to patients after discharge

☐ The ASC follow-up with their patients' primary care providers after discharge

☐ The ASC relies on the physician performing the procedure to obtain this information at a follow-up visit after discharge, and report it to the ASC

☐ Other (please specify): Click or tap here to enter text.

18b. Is there supporting documentation confirming this tracking activity? ☐**Yes** ☐**No**

NOTE! If the ASC does not have supporting documentation, a deficiency related *to* 42 CFR416.51(b)(3) **must** be cited. Click **AAAASF Standard** 7-A-9 to document citation as appropriate.

18c. Does the ASC have a policy/procedure in place to comply with State notifiable disease reporting requirements? ☐**Yes** ☐**No**

NOTE! If the ASC does not have a reporting system, a deficiency **must** be cited related to *42 CFR 416.51(b)(3)*. CMS does not specify the means for reporting; generally, this would be done by the State health agency. Click **AAAASF Standard** 7-A-9 to document citation as appropriate.

19. Do staff members receive infection control training? ☐**Yes** ☐**No**

NOTE! If training is completely absent, then consideration should be given to condition- level citation in relation to 42 CFR 416.51, particularly when the ASC's practices fail to comply with infection control standards of practice. **Click AAAASF Standard 7-A-1 to document citation as appropriate.**

19a. If YES, how do they receive infection control training? (Select ALL that apply)

☐ Inservice

☐ Computer-based training

☐ Other (please specify): Click or tap here to enter text.

19b. Which staff members receive infection control training? (Select ALL that apply)

☐ Medical staff

☐ Nursing staff

☐ Other staff providing direct patient care

☐ Staff responsible for on-site sterilization/high-level disinfection

☐ Cleaning staff

☐ Other (please specify): Click or tap here to enter text.

19c. Is training:

☐ The same for all categories of staff

☐ Different for different categories of staff

19d. Indicate frequency of staff infection control training (Select ALL that apply):

☐ Upon hire

☐ Annually

☐ Periodically / as needed

☐ Other (please specify): Click or tap here to enter text.

19e. Is there documentation confirming that training is provided to all categories of staff listed above?

☐**Yes** ☐**No**

NOTE! If training is not provided to appropriate staff upon hire/granting of privileges, with some refresher training thereafter, a deficiency **must** by cited in relation to 42 CFR 416.51(b) and (b)(3). Click **AAAASF Standard** 7-A-6 **and/or** 7-A-9 to document citation as appropriate.

20. How many procedures were observed during the site visit? Click or tap here to enter text.

PART 2 – INFECTION CONTROL & RELATED PRACTICES

INSTRUCTIONS:

☐ Please select ONE checkbox for each "Was Practice Performed?" question, unless otherwise noted.

☐ If N/A or unable to observe is selected as the response, please explain why there is no associated observation, or why the question is not applicable, in the surveyor notes box. Surveyors should attempt to assess the practice by interview or document review if unable to observe the actual practice during the survey.

☐During the survey, observations or concerns may prompt the surveyor to request and review specific policies and procedures. Surveyor are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.

I. HAND HYGIENE

Observations are to focus on staff directly involved in patient *c*are (e.g., physicians, nurses, CRNAs, etc.). Hand hygiene should be observed not only during the case being followed, but also while making other observations in the ASC throughout the survey.

Unless otherwise indicated, a "No" response to any question below **must** be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard 2-B-2** to document citation as appropriate for items in A-D.

A. All patient care areas have readily accessible, in appropriate locations:
   a. Soap and water
      ☐Yes ☐No
   b. Alcohol-based hand rubs
      ☐Yes ☐No
      i. If alcohol-based hand rub is available in patient care areas, it is installed as required. (There are LSC requirements at 42 CFR 416.44(b)(5) for installation of alcohol-based hand rubs) Click **AAAASF Standard 13-A-8** to document citation as appropriate.
      ☐Yes ☐No

   ***Surveyor Notes**: Click or tap here to enter text.*

B. **Staff perform hand hygiene**:
   a. After removing gloves
      ☐Yes ☐No
   b. Before direct patient contact
      ☐Yes ☐No
   c. After direct patient contact
      ☐Yes ☐No
   d. Before performing invasive procedures (e.g. placing an IV)
      ☐Yes ☐No ☐ Unable to Observe
   e. After contact with blood, body fluids, or contaminated surfaces (even if gloves are worn)
      ☐Yes ☐No ☐ Unable to Observe

   ***Surveyor Notes**: Click or tap here to enter text.*

C. **Regarding gloves, staff**:
   a. Wear gloves for procedures that might involve contact with blood or body fluids
      ☐Yes ☐No ☐ Unable to Observe
   b. Wear gloves when handling potentially contaminated patient equipment
      ☐Yes ☐No ☐ Unable to Observe
   c. Remove gloves before moving to the next tasks and/or patient
      ☐Yes ☐No ☐ Unable to Observe
   d. Before performing invasive procedures (e.g. placing an IV)

☐Yes ☐No ☐ Unable to Observe

e. After contact with blood, body fluids, or contaminated surfaces (even if gloves are worn)

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

D. Personnel providing direct patient care do not wear artificial fingernails and/or extenders when having direct contact with patients ☐Yes ☐No

II. Injection Practices (injectable medications, saline, other infusates)

Observations are to be made of staff preparing and administering medications and performing injections (e.g., anesthesiologists, certified registered nurse anesthetists, nurses).

Unless otherwise indicated, a "No" response to any question below **MUST** be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard 2-B-2 and 6-A-2** to document citation as appropriate.

If unable to observe is selected, please clarify in the surveyor notes box why it was not observed and attempt to assess by means of interview or documentation review.

NOTE: Some types of infection control breaches, including some specific to medication administration practices, pose a risk of bloodborne pathogen transmission that warrant engagement of public health authorities. When management review confirms that a survey has identified evidence of one or more of the breaches described in S&C: 14-36-All, in addition to taking appropriate enforcement action to ensure the deficient Medicare practices are corrected, the SA should also make the responsible State public health authority aware of the identified breach.

Practices to be Assessed

A. Needles are used for only one patient.

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

B. Syringes are used for only one patient

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

C. The rubber septum on a medication, whether unopened or previously accessed, vial is disinfected with alcohol prior to piercing.

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

D. Medication vials are always entered with a new needle.

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

E. Medication vials are always entered with a new syringe.

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

F. Medications that are pre-drawn are labeled with the date and time of draw, initials of the person drawing, medication name, strength and beyond-use date and time. **Note:** A "No" answer should result in citation as a deficient practice in relation to 42 CFR 416.48(a), Administration of Drugs. Click **AAAASF Standard 6-A-2** to document citation as appropriate.

☐Yes ☐No ☐ Unable to Observe

***Surveyor Notes**: Click or tap here to enter text.*

G. Review compliance with the following:

a. Single dose (single-use) medication vials are used for only one patient

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

b. Bags of IV solutions are used for only one patient (and not as a source of flush solution for multiple patients).

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

c. Medication administration tubing and connectors are used for only one patient

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

H. The ASC has voluntarily adopted a policy that medications labeled for multi-dose use for multiple patients are nevertheless only used for one patient. (Fill in N/A if no multi-dose medications/infusates are used).

☐**Yes** ☐**No** ☐ **N/A**

***Surveyor Notes**: Click or tap here to enter text.*

Note: A "No" answer to question H. does not indicate a breach in infection control practices and does not result in a citation. *However, a "No" response to either or both of the related questions I and J should be cited.*

If YES, please skip to "K"

If NO, you MUST also assess the practices at questions "I and J".

I. Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

Note: This is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or the *beyond-use date* as per ASC policies and procedures, so long as it is clear what the date represents and the same policy is used consistently throughout the ASC. Click **AAAASF Standard** 6-A-2 to document citation as appropriate.

J. Multi-dose medication vials used for more than one patient are stored appropriately and do not enter the immediate patient care area (e.g., operating room, anesthesia carts)

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

NOTE: If multi-dose vials enter the immediate patient care area, they must be dedicated for single patient use and discarded immediately after use. Click **AAAASF Standard** 6-A-2 to document citation as appropriate.

K. All sharps are disposed of in a puncture-resistant sharps container

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

L. Sharps containers are replaced when the fill line is reached

☐**Yes** ☐**No** ☐ **Unable to Observe**

***Surveyor Notes**: Click or tap here to enter text.*

Single Use Devices, Sterilization, and High-Level Disinfection

Pre-cleaning must always be performed prior to sterilization and high-level disinfection

Sterilization must be performed for critical equipment (i.e., instruments and equipment that enter normally sterile tissue or the vascular system, such as surgical instruments)

High-level disinfection must be performed for semi-critical equipment (i.e., items that come into contact with non-intact skin or mucous membranes such as reusable flexible endoscopes, laryngoscope blades)

Observations are to be made of staff *performing* equipment reprocessing (e.g., surgical techs), unless these activities are performed under contract or arrangement off-site from the ASC.

Unless otherwise indicated, a "No" response to any question below **MUST** be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard 2-B-2** to document citation as appropriate.

SINGLE-USE DEVICES

Choose N/A if single-use devices are never reprocessed and used again. Surveyor to confirm there is a contract or other documentation of an arrangement with a reprocessing facility by viewing it.

A. Were the practices below performed?
   a. If single-use devices are reprocessed, they are devices that are approved by the FDA for reprocessing
      ☐Yes ☐No ☐ N/A
      ***Surveyor Notes**: Click or tap here to enter text.*

   b. If single-use devices are reprocessed, they are reprocessed by an FDA-approved Reprocessor.
      ☐Yes ☐No ☐ N/A
      ***Surveyor Notes**: Click or tap here to enter text.*

STERILIZATION

A. Critical equipment is sterilized
   ☐Yes ☐No ☐ N/A

B. Are sterilization procedures performed on-site?
   ☐Yes ☐No ☐ N/A

   If NO, skip to "F"

   A "No" answer does not result in a citation, since ASCs are permitted to provide for sterilization off-site, under a contractual arrangement. *Surveyor to confirm there is a contract or other documentation of an arrangement with a reprocessing facility by viewing it.*

   a. If **YES to B** (above), please indicate method of sterilization:
      ☐ Steam autoclave
      ☐ Peracetic acid
      ☐ Other (please specify): Click or tap here to enter text.

C. Items are pre-cleaned according to manufacturer's instructions or, if the manufacturer does not provide instructions, evidence-based guidelines prior to sterilization
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

D.

a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before packaging and sterilization
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

b. A chemical indicator (process indicator) is placed correctly, as described in manufacturer's instructions for use, in the instrument packs in every load.
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

c. A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items, as evidenced by ASC documentation (i.e., log).
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

d. Each load is monitored with mechanical indicators (e.g. time, temperature, pressure)
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

e. Documentation for each piece of sterilization equipment is maintained and up to date and includes results from each load
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

E. Items are appropriately contained and handled during the sterilization process to assure that sterility is not compromised prior to use
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

F. After sterilization, medical devices and instruments are stored in a designated clean area so that sterility is not compromised.
☐Yes ☐No
***Surveyor Notes**: Click or tap here to enter text.*

G. Sterile packages are inspected for integrity and compromised packages are reprocessed.
☐Yes ☐No
***Surveyor Notes**: Click or tap here to enter text.*

H. Is immediate-use steam sterilization (IUSS) performed on-site?
☐Yes ☐No
***Surveyor Notes**: Click or tap here to enter text.*

If NO, skip to "High Level Disinfection Section"

If YES, you must also assess the practices at questions "I-K":
(A "No" answer does not result in a citation)

I. If IUSS is performed, all of the following criteria are met:
- Work practices ensure proper cleaning and decontamination, inspection, and arrangement of the instruments into the recommended sterilizing trays or other containment devices before sterilization.
- Once clean, the item is placed within a container intended for immediate use. The sterilizer cycle and parameters used are selected according to the manufacturers' instructions for use for the device, container, and sterilizer.
- The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used.
- The processed item must be transferred immediately, using aseptic technique, from the sterilizer to the actual point of use, the sterile field in an ongoing surgical procedure.

☐Yes ☐No ☐ Unable to Observe ☐ N/A
***Surveyor Notes**: Click or tap here to enter text.*

Note: "Immediate use" is defined as the shortest possible time between a sterilized item's removal from the sterilizer and its aseptic transfer to the sterile field. A sterilized item intended for immediate use is not stored for future use, nor held from one case to another. IUSS is not equivalent to "short cycle" sterilization performed in accordance with manufacturers' IFUs. IUSS must not be a routine or frequent practice in the ASC.

J. Immediate-use steam sterilization is NOT performed on the following devices:
- Implants.
- Post-procedure decontamination of instruments used on patients who may have Creutzfeldt-Jakob disease or similar disorders.
- Devices that have not been validated with the specific cycle employed.
- Single-use devices that are sold sterile.

☐Yes ☐No
***Surveyor Notes**: Click or tap here to enter text.*

K. Is IUSS performed on a routine basis?
☐Yes ☐No
***Surveyor Notes**: Click or tap here to enter text.*

A "Yes" answer **MUST** be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard** 2-B-2 to document citation as appropriate.

HIGH-LEVEL DISINFECTION

A. Semi-critical equipment is high-level disinfected or sterilized
☐Yes ☐No ☐ N/A

B. Is high-level disinfection performed on site?
☐Yes ☐No ☐ N/A
***Surveyor Notes**: Click or tap here to enter text.*

(If NO, Skip to "F")

A "No" answer does not result in a citation, since ASCs are permitted to provide for high-level disinfection off-site, under a contractual arrangement. *Surveyor to confirm there is a contract or other documentation of an arrangement for off-site sterilization by viewing it.*

a. If answer to **B** was **YES**, please indicate method of high-level disinfection:
☐ Manual
☐ Automated
☐ Other (please specify): Click or tap here to enter text.

C. Items are pre-cleaned according to manufacturer's instructions or, if the manufacturer does not provide instructions, evidence-based guidelines prior to high-level disinfection
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

D.

a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before high-level disinfection
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

b. High-level disinfection equipment is maintained according to manufacturer instructions
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

c. Chemicals used for high-level disinfection are:
   i. Prepared according to manufacturer instructions
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

   ii. Tested for appropriate concentration according to manufacturer's instructions
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

   iii. Replaced according to manufacturer's instructions
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

   iv. Documented to have been prepared and replaced according to manufacturer's instructions
   ☐Yes ☐No
   ***Surveyor Notes**: Click or tap here to enter text.*

d. Instruments requiring high-level disinfection are:
   i. Disinfected for the appropriate length of time as specified by manufacturer's instructions or, if the manufacturer does not provide instructions, evidence-based guidelines
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

   ii. Disinfected at the appropriate temperature as specified by manufacturer's instructions or, if the manufacturer does not provide instructions, evidence-based guidelines
   ☐Yes ☐No ☐ Unable to Observe
   ***Surveyor Notes**: Click or tap here to enter text.*

E. Items that undergo high-level disinfection are allowed to dry before use
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

F. Following high-level disinfection, items are placed in a designated clean area in a manner to prevent contamination
☐Yes ☐No

III. Environmental Infection Control

Observations are to be made of staff performing environmental cleaning (e.g., surgical technicians, cleaning staff, etc.)
If "unable to observe" is selected, please clarify in the surveyor notes box why it was not observed and attempt to assess by means of interview or documentation review.
Unless otherwise indicated, a "No" response to any question below must be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard** 2-B-2 to document citation as appropriate.

A. Operating rooms are cleaned and disinfected after each surgical or invasive procedure with an EPA-registered disinfectant
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

B. Operating rooms are terminally cleaned daily
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

C. Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated.
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

D. The ASC has a procedure in place to decontaminate gross spills of blood.
☐Yes ☐No

IV. Point of Care Devices (e.g., blood glucose meter)

Observations are to be made of staff performing fingerstick testing (e.g., nurses)
If unable to observe or N/A is selected, please clarify in the surveyor notes box why it was not observed or applicable, and attempt to assess by means of interview or documentation review.
Unless otherwise indicated, a "No" response to any question below must be cited as a deficient practice in relation to 42 CFR 416.51(a). Click **AAAASF Standard** 2-B-2 to document citation as appropriate.

1. Does the ASC use a point-of-care testing device, such as a blood glucose meter?
☐Yes ☐No
If NO, STOP HERE.

A. Hand hygiene is performed before and after performing a finger stick procedure to obtain a sample of blood and using the point-of-care testing device.
☐Yes ☐No

B. Gloves are worn by healthcare personnel when performing a finger stick procedure to obtain a sample of blood, and are removed after the procedure (followed by hand hygiene).
☐Yes ☐No

C. Finger stick devices are not used for more than one patient. NOTE: This includes both the lancet and the lancet holding device.
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

D. If used for more than one patient, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to the manufacturer's instructions. NOTE: if the manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.
☐Yes ☐No ☐ Unable to Observe
***Surveyor Notes**: Click or tap here to enter text.*

SECTION 1: BASIC MANDATES

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: ANESTHESIA OPTIONS					
1-A-1	In this facility, operations may be performed under: Local Anesthesia, which may be administered by any of the following: - Surgeon/proceduralist - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-2	In this facility, operations may be performed under: Topical Anesthesia, which may be administered by any of the following: - Surgeon/proceduralist - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-A-3	In Class A cases, a single dose of the same post-operative analgesic prescribed to the patient may be administered to that patient pre-operatively. Any additional doses or agents is considered sedation and must be conducted under Class B, C-M, or C standards.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-5	In this facility, operations may be performed under: Parenteral Sedation, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-8	In this facility, operations may be performed under: Field and Peripheral Nerve Blocks, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-A-10	In this facility, operations may be performed under: Dissociative Drugs, excluding Propofol, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-12	In this facility, operations may be performed under: Nitrous Oxide, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist - Registered nurse under the supervision of a qualified physician		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-14	The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.		B	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

AAAASF ASC Standards [Version 8.0]

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-A-15	In this facility, operations may be performed under: Propofol, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-17	The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.		C-M	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-18	In this facility, operations may be performed under: Epidural Anesthesia, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-A-19	In this facility, operations may be performed under: Spinal Anesthesia, which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-20	In this facility, operations may be performed under: General Anesthesia (with or without endotracheal intubation or laryngeal mask airway anesthesia), which may be administered by any of the following: - Anesthesiologist - Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state/local law - Anesthesia assistant as certified by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) under direct supervision of an anesthesiologist		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-A-22	No more than 5000 cc's of aspirate should be removed while performing liposuction, unless the patient is monitored overnight within the facility.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: BASIC MANDATES					
1-B-1	The facility has defined a mission statement that reflects the population it serves and the services it provides.	416.40 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-B-2	Onsite AAAASF surveys typically involve the attention of the Medical Director, the Facility Director, an anesthesia provider, and the facility staff working intensely with the AAAASF surveyor(s). The survey process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's surveys. Accreditation consultants may be present during the surveys; however, AAAASF asks that consultants remain silent during the survey process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the survey process if interference becomes a problem. AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: PATIENT SELECTION					
1-C-1	A patient who, by reason of pre-existing or other medical conditions, is at significant risk for outpatient surgery in this facility should be referred to alternative facilities.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-C-2	The facility should have a scheduling policy that includes only those procedures and/or combination of procedures of duration and degree that permit safe recovery and discharge from the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-C-4	If children are operated upon in the facility, there should be a written policy defining the unique perioperative care of pediatric patients. This is based upon considerations of age, risk categories, surgery, facility equipment, and capability. The written policy for pediatric patients is available and current.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

AAAASF ASC Standards [Version 8.0]

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION D: PATIENTS' RIGHTS					
1-D-1	A copy of the AAAASF "Patients' Bill of Rights" is prominently displayed, or a copy is provided to each patient. The AAAASF "Patients' Bill of Rights" is also adhered to by facility personnel.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-2	The ASC must inform the patient or the patient's representative or surrogate of the patient's rights and must protect and promote the exercise of these rights, as set forth in this section. The ASC must also post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable.	416.50 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-3	An ASC must, prior to the start of the surgical procedure, provide the patient, the patient's representative, or the patient's surrogate with verbal and written notice of the patient's rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights as set forth in this section.	416.50(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-4	The ASC's notice of rights must include the address and telephone number of the State agency to which patients may report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.	416.50(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-5	The ASC must disclose, in accordance with Part 420 of this subchapter, and where applicable, provide a list of physicians who have financial interest or ownership in the ASC facility. Disclosure of information must be in writing.	416.50(b) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

AAAASF ASC Standards [Version 8.0]

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-D-6	Submission and investigation of grievances. The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC.	416.50(d) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-7	The ASC's grievance procedure must ensure that all alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.	416.50(d)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-8	The ASC's grievance procedure must ensure that all allegations must be immediately reported to a person in authority in the ASC.	416.50(d)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-9	The ASC's grievance procedure must ensure that only substantiated allegations must be reported to the State authority or the local authority, or both.	416.50(d)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-10	The ASC's grievance procedure must ensure that the grievance process must specify timeframes for review of the grievance and the provisions of a response.	416.50(d)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-11	The ASC's grievance procedure must ensure that the ASC, in responding to the grievance, must investigate all grievances made by a patient, the patient's representative, or the patient's surrogate regarding treatment or care that is (or fails to be) furnished.	416.50(d)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-D-12	The ASC's grievance procedure must ensure that the ASC must document how the grievance was addressed, as well as provide the patient, the patient's representative, or the patient's surrogate with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.	416.50(d)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-13	The patient has the right to be free from any act of discrimination or reprisal.	416.50(e)(1) Standard 416.50(e)(1)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-14	The patient has the right to voice grievances regarding treatment or care that is (or fails to be) provided.	416.50(e)(1)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-15	The patient has the right to be fully informed about a treatment or procedure and the expected outcome before it is performed.	416.50(e)(1)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-16	If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.	416.50(e)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-17	If a State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.	416.50(e)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-D-18	The patient has a right to personal privacy.	416.5(f) Standard 416.50(f)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-19	The patient has a right to receive care in a safe setting.	416.50(f)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-20	The patient has a right to be free from all forms of abuse or harassment.	416.50(f)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-D-21	The patient has a right to refuse treatment.	416.50(g) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: AAAASF-MANDATED REPORTING					
1-E-1	Changes in facility ownership must be reported to the AAAASF Central Office within thirty (30) days of the change.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-E-2	Any change in the physician's staff must be reported in writing to the AAAASF Central Office within thirty (30) days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOABOS Board Certification or other approved Boards, letter of eligibility or equivalent documentation, and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the AAAASF Central Office.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-E-3	Any action affecting the current professional license of the Medical Director, a member of the medical staff, a member of the physician's pain management staff or other licensed facility staff must be reported in writing to the AAAASF Central Office within ten (10) days of the time the Facility Director becomes aware of such action.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-E-4	Any death occurring in an accredited facility or any death occurring within thirty (30) days of a procedure performed in an accredited facility must be reported to the AAAASF office within five (5) business days after the facility is notified or otherwise becomes aware of that death. In addition to this notification, the death must be contemporaneously reported as an adverse event in the online Patient Safety Data Reporting portal. In the event of a death occurring within thirty (30) days of a procedure performed in an AAAASF-accredited facility, an unannounced survey may be performed by a senior surveyor.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION F: PATIENT SAFETY DATA REPORTING					
1-F-1	Online Patient Safety Data Reporting is performed at least every three (3) months in accordance with the due dates established by AAAASF and includes submission of random cases and all adverse events to the AAAASF portal at www.aaaasf.org.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-2	For each surgeon/proceduralist operating in the facility, the random sample of the cases must include, at a minimum, the first case performed by such surgeon/proceduralist each month during the reporting period for a total of three (3) cases. The facility must submit into the online Patient Safety Data Reporting portal a minimum of three (3) cases, or all cases performed by surgeons who have performed fewer than three (3) in the respective period, every three (3) months.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-3	All adverse events which occur within thirty (30) days of any procedure are submitted contemporaneously with the facility learning of the occurrence of such sequelae to the online Patient Safety Data Reporting portal.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-4	Reportable adverse events include, but are not limited to: Any unplanned hospital admission		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-5	Reportable adverse events include, but are not limited to: Any emergency room visit		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-F-6	Reportable adverse events include, but are not limited to: Any unscheduled return to the operating room for a complication of a previous surgery		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-7	Reportable adverse events include, but are not limited to: Any complications such as infection, bleeding, wound dehiscence, or inadvertent injury to another body structure		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-8	Reportable adverse events include, but are not limited to: Any cardiac or respiratory problems during the patient's stay at the facility or within 48 hours of discharge		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-9	Reportable adverse events include, but are not limited to: Any allergic reactions		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-10	Reportable adverse events include, but are not limited to: Any incorrect needle or sponge count		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-11	Reportable adverse events include, but are not limited to: Any patient or family complaint		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-12	Reportable adverse events include, but are not limited to: Any equipment malfunction leading to injury or potential injury to the patient		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
1-F-13	Reportable adverse events include, but are not limited to: Any death occurring within thirty (30) days of a procedure		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-14	Each adverse event submission must include: The identification of the problem		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-15	Each adverse event submission must include: The immediate treatment or disposition of the case		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-16	Each adverse event submission must include: The outcome		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-17	Each adverse event submission must include: The reason for the problem		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
1-F-18	Each adverse event submission must include: An assessment of the efficacy of treatment.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 2: FACILITY LAYOUT & ENVIRONMENT

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: LAYOUT					
2-A-1	The Operating Suite is physically and distinctly separate and segregated from the General Office Area (waiting room, exam room(s), administrative area, physician office, staff lounge, etc.)		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-2	The Operating Suite includes the Operating Room, Prep/Scrub area, Clean and/or Dirty Room, and Post-Anesthesia Care Unit (PACU).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-3	There is a separate and adequately sized Post-Anesthesia Care Unit (PACU) within the operating room suite.	416.44(a)(2) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-4	The operating suite is physically separate from the general office.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-5	An exam room may function as an operating room.		A	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-6	There is a room dedicated for use as an operating room.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-A-7	All major surgery is done in the separate and distinct operating room(s).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
2-A-8	Unauthorized individuals are deterred from entering the operating room suite either by locks, alarms, or facility personnel.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: FACILITY ENVIRONMENT					
2-B-1	The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.	416.44 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-B-2	The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.	416.44(a) Standard 416.51(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-B-3	The facility displays a professional appearance in keeping with a medical facility designed to carry out procedures. The facility must be neat, comfortable and clean and should include a waiting area, business office and sanitary lavatory facilities. One or more dedicated exam rooms must be available that provide for privacy and treatment in a sanitary, orderly environment.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-B-4	The walls and countertops are covered with smooth and easy-to-clean material that is free from tears, breaks, or cracks.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
2-B-5	The floors are covered with smooth and easy-to-clean material that is free from breaks, or cracks. If the floors contain seams or individual tiles, they are sealed with an impermeable sealant other than silicone.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-B-6	All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: OPERATING ROOM ENVIRONMENT					
2-C-1	Each operating room must be designed and equipped so that the types of operations conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.	416.44(a)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-C-2	Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the operations, and must comply with applicable local, state/provincial or federal/national requirements. There must be ample clear space on each side of the procedure table to accommodate emergency personnel and equipment in case of emergency and permit the safe transfer of the patient to a gurney for transport. Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the operating room space available.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-C-3	Each operating room is adequately ventilated and temperature controlled.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
2-C-4	Each operating room is properly cleaned, maintained and free of litter and clutter.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-C-5	There is adequate storage space within the operating room to hold equipment, supplies and medications. Storage space should be adequate to minimize the need to leave the operating room for frequently used supplies, equipment and/or medications.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-C-6	If a pre-existing sink is present in the operating room, a written policy to prohibit the use of the sink during sterile surgical procedures must be in place. A sink is permissible in an operating room which is exclusively used for endoscopic or urological procedures in accordance with the standards of those professions. Requests for allowance by other specialties will be reviewed on a case -by-case basis.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-C-7	The operating room ceiling surface or drop-in tiles are smooth, washable, and free of particulate matter that could contaminate the operating room.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: POST-ANESTHESIA CARE UNIT (PACU) ENVIRONMENT					
2-D-1	The PACU is maintained, clean and free of litter.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION E: STORAGE					
2-E-1	Sterile supplies are stored away from potential contamination in closed cabinets/drawers; or if not, sterile supplies must be stored away from heavy traffic areas and potential contamination hazards.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
2-E-2	Storage space provides easy access for identification and inventory of supplies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 3: SAFETY

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: General Safety					
3-A-1	AAAASF is committed to establishing minimum guidelines to provide safe and effective outpatient procedure care. The Facility must comply with all applicable Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), National Fire Protection Association (NFPA), federal, state and local codes and regulations. The facility must comply with the stricter regulation (whether it is the AAAASF Standard or local, state, or federal law).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Facility Safety Manual					
3-B-1	There is a Facility Safety Manual.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-B-2	The facility safety manual contains all applicable requirements of OSHA.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-B-3	The facility safety manual is in accordance with all other federal/national, provincial, state, and local regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
3-B-4	The facility safety manual provides employees with information about hazardous chemicals used and methods to minimize hazards to personnel.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-B-5	There is a written exposure control plan, which is reviewed and updated at least annually.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-B-6	There is a written chemical hazard communication program, which is reviewed and updated annually.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Hazardous Agents					
3-C-1	All explosive and combustible materials are stored and handled in a safe manner according to state, local, and/or National Fire Protection Association (NFPA) codes.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-C-5	Hazardous chemicals are labeled as hazardous.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Medical Hazardous Waste					
3-D-1	All medical hazardous wastes are stored in OSHA (Occupational Safety and Health Act) acceptable containers and separated from general refuse for special collection and handling.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
3-D-4	Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION G: Personnel Safety					
3-G-1	If an ethylene oxide gas sterilizer or automated endoscope re-processor (AER) is used, appropriate personnel are badge-tested to ensure that there is no significant ethylene oxide or glutaraldehyde exposure.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-G-2	Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-G-3	There is a written policy for what is considered to be personal protective equipment for specific tasks in the facility (eg, instrument cleaning, disposal of biological waste, surgery, radiology protection, etc.).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION H: X-Ray and Laser Safety					
3-H-1	Laboratory and Radiologic Services.	416.49 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-H-2	If x-ray equipment is used, safety measures are taken to protect patients and staff from injury.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
3-H-3	Warnings and signage exist to warn those whose health may be affected by x-rays.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-H-4	Staff maintains dosimetry badges and records, if applicable, for at least three (3) years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-H-5	Radiologic services may only be provided when integral to procedures offered by the ASC and must meet the requirements specified in 42 CFR 482.26(b), (c)(2), and (d)(2).	416.49(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-H-6	If radiologic services are utilized, the governing body must appoint an individual qualified in accordance with State law and ASC policies who is responsible for assuring all radiologic services are provided in accordance with the requirements of 42 CFR 416.49.	416.49(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
3-H-8	If a laser is used, all manufacturer recommended safety precautions are actively in place prior to any usage. All safety measures are taken to protect patients and staff from injury, include appropriate eyewear, covered mirrors, covered windows, signage on the door, etc.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 4: EQUIPMENT

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Facility Equipment					
4-A-1	If a central source of piped oxygen is used, the system must meet all applicable codes.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Operating Room Equipment					
4-B-1	Only properly inspected equipment is used in the operating suite.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-2	There is an adequate operating room table or chair.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-3	The operating room is provided with adequate general lighting in the ceiling.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-4	Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-5	Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g.; wet locations) and connected to emergency power supplies where appropriate.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
4-B-6	Sequential compressive devices (SCD) are employed for operations lasting one (1) hour or longer, except for operations carried out solely under local or topical anesthesia.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-7	When unipolar electrocautery is used, a single-use/ disposable grounding pad is used.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-B-8	"Forced air warmers," blanket warmers, or other devices are used to maintain the patient's temperature.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Anesthesia Equipment					
4-C-1	The operating room is equipped with an EKG monitor with pulse read-out.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-2	The operating room is equipped with a pulse oximeter.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-3	The operating room is equipped with blood pressure monitoring equipment as appropriate for the patient population.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-4	The operating room is equipped with oral airways for each size of patient treated in the facility.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
4-C-5	The operating room is equipped with nasopharyngeal airways and laryngeal mask airways for each size of patient treated in the facility.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-6	The operating room is equipped with a laryngoscope, functional. Laryngoscope is cleaned as appropriate, HLD or sterilized.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-7	The operating room is equipped with a comprehensive assortment of endotracheal tubes to cover full range of patients being treated.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-8	The operating room is equipped with endotracheal stylet(s).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-9	The operating room is equipped with a positive pressure ventilation device (eg, Ambu® bag, bag valve mask).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-10	The operating room is equipped with a source of oxygen with appropriate delivery devices (e.g. nasal cannula, face mask).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-11	The operating room is equipped with a source of adequate and reliable source suction and suction equipment.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
4-C-12	The operating room is equipped with a reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder). Back up oxygen source should have a regulator on it and be ready to use.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-13	The operating room is equipped with an inspired gas oxygen monitor on the anesthesia machine.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-14	The operating room is equipped with a carbon dioxide monitor which is used on all sedation and general anesthesia cases.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-15	When ventilation is controlled by a mechanical ventilator, there shall be in continuous use a device that is capable of detecting the disconnection of any of the breathing system's components. The device must give an audible signal when its alarm threshold is exceeded.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-16	If nitrous oxide alone is used, then a safe delivery system is used. A safe delivery system meets these criteria: 1) Alarms 2) Gas scavenging 3) Color coding of tanks, knobs, and hoses 4) Diameter index safety system for non-interchangeable connection of gases - pin index safety system 5) Oxygen fail-safe system and oxygen flush capacity 6) Quick connection for positive-pressure oxygen delivery 7) Emergency air inlet 8) Reservoir bag 9) Storage in secured area		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
4-C-17	An anesthesia machine with a purge system to extract exhaled gaseous air to out-of-doors or to a neutralizing system is present. If inhalation anesthesia is used, a carbon–dioxide-neutralizing system is required when using an anesthesia machine.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-C-18	An anesthesia machine is required if volatile agents are available in the facility. If total intravenous anesthesia (TIVA), spinal, or epidural anesthesia is used exclusively, and no volatile inhalation agents are available, an anesthesia machine is not required.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Post-Anesthesia Care Unit (PACU) Equipment					
4-D-1	The PACU is equipped and readily accessible to handle emergencies		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
4-D-2	A separate pulse oximeter is available for each patient in the PACU.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: Maintenance of Equipment					
4-E-1	A biomedical technician annually inspects all equipment (including electrical outlets, breaker/fuse boxes, and emergency light and power supplies) and reports in writing that the equipment is safe and operating according to the manufacturer's specifications. Stickers may be placed on individual equipment; however, written records must be maintained. All equipment is on a maintenance schedule with records kept for a minimum of at least three (3) years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
4-E-5	The manufacturer's specifications and requirements are kept in an organized file and followed for each piece of equipment.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 5: IN CASE OF EMERGENCY

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Emergency Equipment					
5-A-1	Emergency cart is available with defibrillator or automated external defibrillator (AED), necessary drugs, and other CPR equipment (e.g. suction, pediatric defib pads, current PALS algorithm and/or ACLS algorithm if appropriate).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-A-2	The current and complete MHAUS malignant hyperthermia algorithm must be available on the emergency cart.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-A-3	The standard defibrillator, or an Automated External Defibrillator (AED), is checked at least weekly for operability, and the test results are kept for a minimum of three (3) years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-A-4	The ASC medical staff and governing body of the ASC coordinates, develops, and revises ASC policies and procedures to specify the types of emergency equipment required for use in the ASC's operating room.	416.44(d) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-A-5	The emergency equipment must be immediately available for the use of emergency situations.	416.44(d)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-A-6	The emergency equipment must be appropriate for the facility's patient population.	416.44(d)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-A-7	The emergency equipment must be maintained by appropriate personnel.	416.44(d)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Emergency Power					
5-B-2	The operating room(s) and recovery room have an emergency power source, (e.g., a generator or battery powered inverter), with capacity to operate adequate lighting, monitoring, anesthesia, and procedure equipment for a minimum of two (2) hours. If two or more operating rooms are used simultaneously, an adequate emergency power source must be available for all operating rooms.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Emergency Protocols					
5-C-1	There must be a written protocol for emergency evacuation of the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-2	There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, or a threat to the staff or patients.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-3	There must be a written protocol for fires and fire drills.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-C-4	There must be a written protocol for returning patients to the operating room in the event of patient emergencies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-5	There must be a written protocol for malignant hyperthermia (MH).		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-6	There must be a written protocol for cardiopulmonary resuscitation (CPR).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-7	There must be a written protocol for a situation in which the surgeon becomes incapacitated.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-8	There must be a written protocol for a situation in which the anesthesiologist or CRNA becomes incapacitated.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-9	There must be a written protocol for response to power failure emergencies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-C-10	There must be a written protocol for transferring patients to a hospital in an emergency.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION D: Emergency Preparedness Plan					
5-D-1	The Provider/Supplier must comply with all applicable Federal, State, and local emergency preparedness requirements. The Provider/Supplier must establish and maintain an emergency preparedness program that meets the requirements of this section.	416.54 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-2	Emergency plan: The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two (2) years.	416.54(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-3	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	416.54(a)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-4	The plan must include strategies for addressing emergency events identified by the risk assessment.	416.54(a)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-5	The plan must address patient population, including, but not limited to, the type of services the Provider/Supplier has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.	416.54(a)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-7	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	416.54(a)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-9	Policies and procedures: The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, and the communication plan in standard 5-D-21. The policies and procedures must be reviewed and updated at least every two (2) years.	416.54(b) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-10	At a minimum, the policies and procedures must address a system to track the location of on-duty staff and sheltered patients in the Provider/Supplier care during an emergency. If on-duty staff or sheltered patients are relocated during the emergency, the ASC must document the specific name and location of the receiving facility or other location.	416.54(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-11	At a minimum, the policies and procedures must address safe evacuation from the Provider/Supplier.	416.54(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-12	Safe evacuation from the Provider/Supplier must include consideration of care and treatment needs of evacuees.	416.54(b)(2) Standard 416.54(b)(2)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-13	Safe evacuation from the Provider/Supplier must include staff responsibilities.	416.54(b)(2) Standard 416.54(b)(2)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-14	Safe evacuation from the Provider/Supplier must include transportation.	416.54(b)(2)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-15	Safe evacuation from the Provider/Supplier must include identification of evacuation locations, such as appropriate placement of exit signs.	416.54(b)(2)(iv) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-16	Safe evacuation from the Provider/Supplier must include primary and alternate means of communication with external sources of assistance.	416.54(b)(2)(v) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-17	At a minimum, the policies and procedures must address a means to shelter in place for patients, staff, and volunteers who remain in the Provider/Supplier.	416.54(b)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-18	At a minimum, the policies and procedures must address a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.	416.54(b)(4)(i) Standard 416.54(b)(4)(ii) Standard 416.54(b)(4)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-19	At a minimum, the policies and procedures must address the use of volunteers in an emergency and other staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.	416.54(b)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-20	At a minimum, the policies and procedures must address the role of the Provider/Supplier under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.	416.54(b)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-21	Communication plan: The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.	416.54.c Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-22	The communication plan must include names and contact information for Staff, Entities providing services under arrangement, Patients' physicians, Volunteers, and Other Provider/Suppliers within the same Medicare type.	416.54(c)(1) Standard 416.54(c)(1)(i) Standard 416.54(c)(1)(ii) Standard 416.54(c)(1)(iii) Standard 416.54(c)(1)(iv) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-23	The communication plan must include contact information for Federal, state, tribal, regional, and local emergency preparedness staff and Other sources of assistance.	416.54(c)(2) Standard 416.54(c)(2)(i) Standard 416.54(c)(2)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-24	The communication plan must include primary and alternate means for communicating with Provider/Supplier's staff and Federal, State, tribal, regional, and local emergency management agencies.	416.54(c)(3) Standard 416.54(c)(3)(i) Standard 416.54(c)(3)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-25	The communication plan must include a method for sharing information and medical documentation for patients under the Provider/Supplier's care, as necessary, with other health care providers to maintain the continuity of care.	416.54(c)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-26	The communication plan must include a means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).	416.54(c)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-27	The communication plan must include a means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).	416.54(c)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-28	The communication plan must include a means of providing information about the Provider/Supplier's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	416.54(c)(7) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-29	Training and testing: The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 5-D-2, risk assessment in standard 5-D-3, policies and procedures in standard 5-D-9, and the communication plan in standard 5-D-21. The training and testing program must be reviewed and updated at least every two (2) years.	416.54(d) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-30	The training program must consist of initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.	416.54(d)(1)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-31	The training program must provide emergency preparedness training at least every two (2) years.	416.54.d.1.ii Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-32	The training program must maintain documentation of all emergency preparedness training.	416.54(d)(1)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-33	The training program must demonstrate staff knowledge of emergency procedures.	416.54(d)(1)(iv) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-34	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.	416.54.d.1.v Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-35	The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	416.54(d)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-36	The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two 2) years; or If the Provider/Supplier experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.	416.54(d)(2)(1) Standard 416.54(d)(2)(i)(A) Standard 416.54(d)(2)(i)(B) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-D-37	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise as required by standard 5-D-36 is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	416.54(d)(2)(ii) Standard 416.54(d)(2)(ii)(A) Standard 416.54(d)(2)(ii)(B) Standard 416.54(d)(2)(ii)(C) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-D-38	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.	416.54(d)(2)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: Emergency Preparedness Plan – Integrated Healthcare Systems					
5-E-1	If a Provider/Supplier is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the Provider/Supplier may choose to participate in the healthcare system's coordinated emergency preparedness program.	416.54(e) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-2	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	416.54(e)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-3	If elected, the unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.	416.54(e)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-4	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.	416.54(e)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
5-E-5	If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of standards 5-D-4, 5-D-5, and 5-D-7.	416.54(e)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-7	If elected, the unified and integrated emergency plan must also be based on and include a documented community-based risk assessment, utilizing an all-hazards approach.	416.54(e)(4)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-8	If elected, the unified and integrated emergency plan must also be based on and include a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.	416.54(e)(4)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
5-E-9	If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in 5-D-9, a coordinated communication plan, and training and testing programs that meet the requirements in standards 5-D-21 and 5-D-29, respectively.	416.54(e)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 6: MEDICATIONS

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Medications					
6-A-1	The facility 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.	416.48 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-A-2	Drugs must be prepared and administered according to established policies and acceptable standards of practice.	416.48(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-A-3	Orders given orally for drugs and biologicals must be followed by a written order, signed by the prescribing physician.	416.48(a)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-A-4	If there is an adverse reaction, it must be immediately reported to the physician responsible for the patient and must be documented in the patient's record.	416.48(a)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-A-5	Outdated medications are removed and destroyed in accordance with federal/national, state, provincial, and local pharmacy regulation.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION B: Intravenous Fluids					
6-B-1	Intravenous fluids such as Lactated Ringer's solution and/or normal saline are available in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Blood and Blood Substitutes					
6-C-1	If blood were to be used, there is a protocol for it to be typed, cross- matched, checked, and verified.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-C-2	Blood and blood products must be administered only by physicians or registered nurses.	416.48(a)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Controlled Substances					
6-D-1	All controlled substances are secured and locked under supervised access.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-D-2	There is a dated controlled substance inventory and a control record which includes the use of controlled substances on individual patients. Such records must be kept in the form of a sequentially numbered, bound journal from which pages may not be removed, or in a tamper -proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
6-D-3	The inventory of controlled substances is verified by two (2) licensed members of the operating room team on any day that controlled substances are administered, and in compliance with federal/national, provincial, state, and local regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-D-4	There must be a record of receipt and disposition of all controlled substances.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: ACLS/PALS Algorithm					
6-E-1	A complete copy of the current ACLS and/or PALS Algorithm, as appropriate, must be available on the emergency cart.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-2	The following medication must be available in the facility at all times as required by current ACLS algorithm: Seizure arresting medication (a benzodiazepine, e.g. Midazolam).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-4	The following medication must be available in the facility at all times as required by current ACLS algorithm: Adenosine		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-5	The following medication must be available in the facility at all times as required by current ACLS algorithm: Epinephrine.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
6-E-6	The following medication must be available in the facility at all times as required by current ACLS algorithm: Anti-Hypertensives.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-7	The following medication must be available in the facility at all times as required by current ACLS algorithm: Lidocaine—plain.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-8	The following medication must be available in the facility at all times as required by current ACLS algorithm: Atropine.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-9	The following medication must be available in the facility at all times as required by current ACLS algorithm: Nitroglycerin, sublingual or spray.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-10	The following medication must be available in the facility at all times as required by current ACLS algorithm: If narcotics are used in the facility, a narcotic antagonist (eg, Narcan) should be present.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-E-11	The following medication must be available in the facility at all times as required by current ACLS algorithm: Bronchospasm-arresting medication (inhaled beta-agonist, eg albuterol).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
6-E-12	The following medication must be available in the facility at all times as required by current ACLS algorithm: Intravenous corticosteroids (eg, dexamethasone).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Emergency Medications					
6-F-1	All emergency medications as noted in the following standards must be available and in the facility at all times. Licensed personnel in the facility must know their location.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-F-2	The following medication must be available in the facility at all times: IV Antihistamines (e.g. Diphenhydramine).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-F-3	The following medication must be available in the facility at all times: Short-acting beta-blocker (eg, esmolol or labetalol).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-F-4	The following medication must be available in the facility at all times: Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-F-5	The following medication must be available in the facility at all times: If Benzodiazepine is used in the facility, a reversing agent must be available (e.g. Mazicon™, Flumazenil).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION G: Malignant Hyperthermia					
	If potential malignant hyperthermia triggering agents such as isoflurane, sevoflurane, and desflurane, and the depolarizing muscle relaxant succinylcholine are ever used, or are present in the facility, the following requirements apply:			☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-1	If the depolarizing muscle relaxant succinylcholine is present only for use in emergency airway rescue, the facility must document a protocol to manage the possibility of malignant hyperthermia (MH) following its use. In this instance, MH-related components as outlined in standards 6-G-5, 6-G-6, 6-G-7,6-G-8, 6-G-9, and 6-G-10 are **not** required.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-2	There must be adequate screening for MH risk that includes but is not limited to a family history of unexpected death(s) following general anesthesia or exercise; a family or personal history of MH, a muscle or neuromuscular disorder, high temperature following exercise; a personal history of muscle spasm, dark or chocolate colored urine, or unanticipated fever immediately following anesthesia or serious exercise.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-3	All operating surgeons and anesthesiology providers must be aware of genetic and/or CHCT (Caffeine-Halothane Contracture Testing) for MH and refer patients for appropriate testing if there is a suspicious history as above prior to permitting surgery to take place in the facility.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
6-G-4	All operating surgeons and anesthesia providers must be able to demonstrate familiarity with the early recognition of impending MH crisis as defined by MHAUS.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-5	All staff must be trained: annual drills are conducted for MH crisis and management including actual dilution of at least one vial of actual Dantrolene (expired OK). Staff should be assigned roles prior to drills and a written protocol outlining those personnel and their roles is on file. Documentation of drills is required.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-6	A supply of sterile water for injection USP (without a bacteriostatic agent) is available to mix with dantrolene before injection (i.e., 60ml/vial for Dantrium® and Revonto®, 5ml/vial for Ryanodex®).		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-7	A minimum of 4 ampoules, 50cc's each, of sodium bicarbonate (NaHCO3).		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-8	A minimum supply of dantrolene/Ryanodex should be stocked to treat a patient of average weight (approximately 70kg) with an initial dose: Dantrium®/Revonto® - 12 vials (20 mg/vial) Ryanodex® - 1 vial (250 mg/vial).		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-9	An additional* supply of dantrolene/Ryanodex and diluents are stored in the facility, or the facility has a written agreement with another source that will provide additional* dantrolene/Ryanodex and diluents on a STAT basis within 15 minutes for continued treatment and stabilization of a patient experiencing a MH episode. *Additional supply of dantrolene is defined as: Dantrium®/Revonto® - 24 vials (20 mg/vial) Ryanodex® - 2 vial (250 mg/vial)		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
6-G-10	Flow sheets for any MH intervention as well as forms to rapidly communicate progress of intervention with receiving facilities are on the emergency cart and all facilities must document and report any "adverse metabolic or musculoskeletal reaction to anesthesia". This documentation must be transportable with the patient when transferred to receiving facility.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
6-G-11	Facilities must have a policy for MH transfer including EMS transport to a facility capable of ongoing treatment located within a reasonable distance. A healthcare professional with the ability to continue MH treatment must accompany the patient during transport and provide a report to the receiving facility staff.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 7: INFECTION CONTROL

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Infection Control					
7-A-1	The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.	416.51 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-4	Scrub suits, caps or hair covers, gloves, operative gowns, masks, eye protection, and all other appropriate personal protective equipment is used for all appropriate procedures.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-5	A sterile field is used during all operations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-6	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.	416.51(b) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-7	The Infection Control program is under the direction of a designated and qualified professional who has training in infection control;	416.51(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
7-A-8	The Infection Control program is an integral part of the ASC's quality assessment and performance improvement program.	416.51(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-9	The Infection Control program is 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.	416.51(b)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-10	The infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-A-11	Appropriate scrub facilities are provided for the operating room staff consistent with current CDC guidelines for hand hygiene and surgical scrub.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Hand Hygiene					
7-B-1	Surgical scrub, soap, and/or alcohol cleansers are provided for the operating room staff consistent with current CDC and WHO guidelines for hand hygiene.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Instrument Processing					
7-C-2	There is strict segregation of dirty surgical equipment and instruments that have been cleaned and are in the preparation and assembly area.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
7-C-3	The instrument preparation and assembly area (clean utility area) is separated by walls or space from the instrument cleaning area (dirty utility area) or, there is a policy to clean and disinfect the dirty utility area before preparing and assembling packs for sterilization.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-C-4	If one sink is used both for dirty instruments and to hand/arm scrub for procedures, there is a written policy to clean and disinfect the sink prior to hand/arm scrubbing.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Sterilization					
7-D-1	All instruments used in patient care are sterilized, where applicable.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-2	The facility has at least one autoclave which uses high pressure steam and heat, or all sterile items are single use disposable. All soiled instruments are to be treated with an enzymatic cleaner if not processed immediately for sterilization.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-3	Additional methods in use can be chemical autoclave (Chemclave©) or gas (ethylene oxide/EO) sterilizer.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-4	Gas sterilizers and automated endoscope re-processors (AER) must be vented as per manufacturer's specifications.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
7-D-5	Each load in the autoclave is checked with indicator tape, chemical monitors, or other effective means both on the outside and inside of the pack.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-6	Sterile supplies are labeled to indicate sterility; packaged and sealed with autoclave tape to prevent accidental opening.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-7	Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date. When more than one autoclave is available, each pack must additionally be labeled to identify in which autoclave it was sterilized.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-8	A weekly spore test, or its equivalent, is performed on each autoclave and the results filed and kept for three (3) years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-9	There is a protocol for corrective action if a spore test is positive.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-D-10	Monitoring records are retained for the sterilization or other disinfection process and should be reviewed and stored for a minimum of three (3) years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION E: High-Level Disinfection (HLD)					
7-E-1	High-level disinfection is used only for non-autoclavable endoscopic equipment, and in areas that are categorized as semi-critical where contact will be made with mucus membrane or other body surfaces that are not sterile. The manufacturer's recommendations for usage should be followed at all times.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-E-2	Endoscopes are processed in accordance with protocol based on national standards. These standards address how scopes are cleaned, reprocessed, and stored.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Cleaning					
7-F-1	The entire operating room suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-F-2	Between cases, the operating room(s) is cleaned with at least intermediate-level, medical-grade disinfectants.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-F-3	There is a written policy for cleaning of spills, especially spills which may contain blood borne pathogens.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
7-F-4	All blood and body fluid spills are cleaned using medical-grade germicides that are virucidal, bactericidal, tuberculocidal, and fungicidal.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-F-5	A written protocol has been developed for use by housekeeping personnel for cleaning floors, tables, walls, ceilings, counters, furniture, and fixtures of the operating suite.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
7-F-6	Instrument handling and reprocessing areas are cleaned and maintained.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 8: CLINICAL RECORDS

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: General Clinical Records					
8-A-1	The facility must maintain separate, complete, comprehensive and accurate clinical records to ensure adequate patient care.	416.47 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-2	The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.	416.52 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-3	The facility must develop and maintain a system for the proper collection, storage, and use of clinical records.	416.47(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-4	Clinical records must be kept secure and confidential, consistent with HIPAA regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-6	Electronic health records (EHR) must comply with security and privacy obligations under current HIPAA regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-7	The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed.	416.47(b) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-A-9	Clinical records must be retained the number of years as required by state and/or federal law; or a minimum of three (3) years to comply with the AAAASF three-year survey cycle.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-A-10	Clinical records are filed for easy accessibility and must be maintained in the accredited facility regardless of the location of the operating physician's office.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Pre-Operative Documentation					
8-B-1	Clinical records must contain appropriate patient identification.	416.47(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-2	A pre-operative surgical safety checklist should be used for each patient and noted in the patient record.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-B-3	The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must: - Include the 30-day time frame for medical history and physical examination to be completed prior to surgery. - Address, at minimum, the following factors: patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level. - Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.	416.52(a)(1) Standard 416.52(a)(1)(i) Standard 416.52(a)(1)(ii) Standard 416.52(a)(1)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-6	The pre-operative clinical record includes medical clearance, if applicable.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-7	The pre-operative clinical record includes significant medical history and a physical examination covering the organs and systems commensurate with the procedure(s) are recorded on all patients and placed in the clinical record prior to the surgical procedure.	416.47(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-B-8	Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy. This assessment includes, at a minimum, the patient's medical history and physical examination (if any) and documentation of any allergies to drugs and biologicals. This assessment must be placed in the patient's medical record prior to the surgical procedure.	416.52(a)(2) Standard 416.52(a)(3) Standard 416.52(a)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-10	The pre-operative clinical record includes blood pressure, pulse, respiration and temperature as taken prior to the operation.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-11	The pre-operative clinical record includes documentation of all pre-operative medications given to a patient. This record includes the date, time, amount, and route of administration.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-12	The pre-operative clinical record includes documentation of all intravenous and subcutaneous fluids given pre-operatively.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-13	The pre-operative medical record includes responses regarding any allergies and abnormal drug reactions.	416.47(b)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-B-14	The pre-operative medical record includes responses regarding current medications.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-15	The pre-operative medical record includes responses regarding previous serious illness.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-16	The pre-operative medical record includes responses regarding current and chronic illness.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-17	The pre-operative medical record includes responses regarding previous operations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-18	The pre-operative medical record includes responses regarding perioperative bleeding risk including medical conditions and medication taken up to the day of the operation.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-19	A pregnancy testing policy must be in place that requires a discussion and documentation of the issue with each patient, as appropriate.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-B-20	The pre-operative clinical record includes evidence that treating physicians or consultants are contacted in cases where warranted by the history and physical examination.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-21	The pre-operative clinical record includes documentation of appropriate laboratory procedures performed where indicated.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-22	The pre-operative clinical record includes pre-operative diagnostic studies (entered before surgery), if performed.	416.47(b)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-23	The pre-operative clinical record includes a written screening protocol for venous thromboembolism (VTE) risk. This protocol and assessment tool is to be placed in the facility manual for reference.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-24	The surgeon/proceduralist and the licensed or qualified anesthesia provider concur on the appropriateness of the procedures performed at the facility based on the medical status of the patient, age and physiological appropriateness of the patient, and qualifications of the providers and the facility resources.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-B-25	Immediately before surgery a physician must examine the patient to evaluate the risk of the procedure to be performed.	416.42(a)(1) Standard 416.42(a)(1)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-B-26	Immediately before surgery a physician or anesthetist as defined at 42 CFR 410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia.	416.42(a)(1) Standard 416.42(a)(1)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Informed Consent					
8-C-1	Properly executed informed consent forms are always obtained, which authorizes the surgeon/proceduralist by name to perform surgery and describes the operative procedure.	416.47(b)(7) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-C-2	Expectations, alternatives, risks, and complications are discussed with the patient, and these are documented.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-C-3	The informed consent provides consent for administration of anesthesia or sedatives under the direction of the surgeon, anesthesiologist, or CRNA.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Advanced Directives					
8-D-1	The ASC must provide the patient or, as appropriate, the patient's representative with written 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.	416.50(c) Standard 416.50(c)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-D-2	The ASC must inform the patient or, as appropriate, the patient's representative or surrogate of the patient's right to make informed decisions regarding the patient's care.	416.50(c) Standard 416.50(c)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-D-3	The ASC must document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.	416.50(c) Standard 416.50(c)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION E: Laboratory, Pathology, X-Ray, Consultation, Treating Physician Reports, Etc.					
8-E-1	Printed or written copies of these reports are kept in the medical record.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-E-2	All laboratory results must be reviewed and initialed by the CRNA, anesthesiologist, registered nurse, or surgeon/proceduralist.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-E-3	All abnormal laboratory results must be reviewed and initialed by the surgeon/proceduralist within one (1) week of receipt of results.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-E-4	All other reports, such as pathology reports and medical clearance reports, must be reviewed and initialed by the surgeon/proceduralist.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-E-7	Clinical records must contain findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.	416.47(b)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-E-8	All surgical specimens must get submitted for pathological processing except those exempted by the governing body.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-E-9	The name of the pathologist must be on all pathology reports.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Anesthesia Care Plan					
8-F-1	A physician must verify that an anesthesia care plan has been developed and documented.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-2	A physician must verify that the patient or a responsible adult has been informed about the anesthesia care plan.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-4	The anesthesia care plan is based on a review of the medical record.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-F-5	The anesthesia care plan is based on medical history.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-6	The anesthesia care plan is based on prior anesthetic experiences.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-7	The anesthesia care plan is based on drug therapies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-8	The anesthesia care plan is based on medical examination and assessment of any conditions that might affect the pre-operative risk.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-9	The anesthesia care plan is based on a review of the medical tests and consultations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-F-10	The anesthesia care plan is based on a determination of pre-operative medications needed for anesthesia.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-F-11	The anesthesia care plan is based on providing pre-operative instructions.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION G: Intra-Operative Documentation					
8-G-1	A "Time Out" protocol is in place, practiced, and documented in the clinical record prior to every operation. This protocol should include a pre-operative verification process including medical records, imaging studies, and any implants identified, and be reviewed by the operating room team. Missing information or discrepancies must be addressed in the chart at this time. Marking the operative site: Surgical procedures calling for right/left distinction; multiple structures (breasts, eyes, fingers, toes, etc.) must be marked while the patient is awake and aware, if possible. The person performing the surgery should do the site marking. The site must be marked so that the mark will be visible after the patient has been prepped and draped. A procedure must be in place for patients who refuse site marking. Immediately before starting the surgical procedure, conduct a final verification by at least two (2) members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements. As a "fail -safe" measure, the surgical procedure is not started until any and all questions or concerns are resolved. Procedures done in non–operating room settings must include site marking for any procedures involving laterality, or multiple structures.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION H: Intra-Operative Anesthetic Monitoring and Documentation					
8-H-1	The anesthesia standards identified in Section 8-H apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life-threatening circumstances, these standards may be modified; all such circumstances should be documented in the patient's record.		B, C-M, C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-2	Clinical record must contain evidence of circulation monitored by continuous EKG during procedures.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-3	Clinical record must contain evidence of circulation monitored by blood pressure documented at least every five (5) minutes.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-4	Clinical record must contain evidence of circulation monitored by heart rate documented at least every five (5) minutes.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-5	Clinical record must contain evidence of circulation monitored by pulse oximetry. Exempt if only topical and/or local anesthetic is used.	416.47(b)(6) Standard	A, B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-6	Clinical record may contain evidence of circulation monitored by heart auscultation.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-7	Clinical record may contain evidence of circulation monitored by arterial blood pressure every 5 minutes (minimum). Circulation may be monitored by intra-arterial pressure.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-H-8	Clinical record may contain evidence of circulation monitored by ultrasound peripheral pulse monitor, pulse plethysmography, or oximetry.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-9	Clinical record must contain evidence of temperature monitoring when clinically significant changes in body temperature are expected.	416.47(b)(6) Standard	C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-10	Every patient receiving general anesthesia shall have the adequacy of ventilation continually evaluated. Qualitative clinical signs such as chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds are useful.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-11	Patient monitoring during anesthesia consists of end tidal carbon dioxide (ETCO2) sampling used on all sedation or general anesthetics. Continual monitoring for the presence of expired carbon dioxide shall be performed unless invalidated by the nature of the patient, procedure, or equipment. Quantitative monitoring of the volume of expired gas is strongly encouraged.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-H-12	When an endotracheal tube or laryngeal mask is inserted, its correct positioning must be verified by clinical assessment and by identification of carbon dioxide in the expired gas. Continual end-tidal carbon dioxide analysis, in use from the time of endotracheal tube/laryngeal mask placement until extubation/removal or initiating transfer to a postoperative care location, shall be performed using a quantitative method such as capnography, capnometry, or mass spectroscopy. When capnography or capnometry is utilized, the end tidal carbon dioxide alarm shall be audible to the Anesthesiologist or the anesthesia care team personnel.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-13	Patient monitoring during anesthesia will consist of oxygenation assessment by O2 analyzer. If an anesthesia machine is used during general anesthesia, the anesthesia machine has an alarm for low O2 concentration.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-15	An anesthesia record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.	416.47(b)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-H-16	An anesthesia record is maintained in which all intravenous and subcutaneous fluids given intra-operatively are recorded.	416.47(b)(6) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION I: Transfer to Post-Anesthesia Care Unit (PACU)					
8-I-1	The operating room may be used for patient recovery if only one operation is scheduled that same day, or if the recovering patient meets all discharge criteria prior to beginning the next operation, or if there is another operating room available for the next operation.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-I-2	Patients transferred to the PACU will be continually evaluated and monitored as needed during transport.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-I-3	Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-I-4	Patient transfer to the PACU will include transmission of a verbal report on the patient to the PACU team from a member of the anesthesia team who accompanies the patient.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-I-5	Patient transfer to the PACU will include transfer of information concerning the preoperative condition of the patient, the invasive procedure, related medication, and the anesthesia course.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-I-6	Patient transfer to the PACU will include a member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-I-7	Family members may enter the recovery room upon approval from the physician.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION J: Post-Anesthesia Care Unit (PACU) Documentation					
8-J-1	PACU documentation includes patient's time of arrival.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-2	PACU documentation includes the patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post- operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy.	416.52(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-3	PACU documentation includes assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-4	PACU documentation includes a record is maintained in which all medications given to a patient are recorded, including date, time, amount, and route of administration.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-5	PACU documentation includes a record in which all intravenous and subcutaneous fluids given post- operatively are recorded.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-6	PACU documentation includes a record in which post-operative vital signs, level of consciousness, and nurses' notes are recorded until the patient is discharged from the facility.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-J-7	Evaluation in the PACU will include observation and monitoring by methods appropriate to the patient's condition (oxygen saturation, ventilation, circulation, and temperature).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-8	Evaluation in the PACU will include continuous pulse oximetry.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-9	Post-operative progress notes are recorded.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-J-10	There is a procedure report which includes procedure technique and findings.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION K: Discharge					
8-K-1	Ensure each patient has a discharge order, signed by the physician who performed the surgery or procedure in accordance with applicable State health and safety laws, standards of practice, and ASC policy.	416.52(c)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-2	All medical records must include a discharge diagnosis.	416.47(b)(8) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-K-3	Post-surgical needs must be addressed and included in the discharge notes.	416.52(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-4	Approved and standardized discharge criteria are used and recorded (e.g. Aldrete score).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-5	Before discharge, a physician or an anesthetist as defined at 42 CFR 410.69(b), in accordance with applicable State health and safety laws, standards of practice, and ASC policy, must evaluate each patient for proper anesthesia recovery. The physician's or anesthetist's name must be noted on the patient record.	416.42(a)(2) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-7	Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician.	416.52(c)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-8	Written discharge instructions, including procedures for emergency situations, are given to the responsible adult who is responsible for the patient's care and transportation following a procedure. A signed copy of the instructions is maintained in the patient's chart.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-K-9	Provide each patient with written discharge instructions and overnight supplies. When appropriate, make a follow up appointment with the physician, and ensure that all patients are informed, either in advance of their surgical procedures or prior to leaving the ASC, of their prescriptions, post-operative instructions and physician contact information for follow up care.	416.52(c)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-10	Patients receiving anesthetic agents other than topical or local anesthesia should be supervised in the immediate post-discharge period by a responsible adult for at least 12 to 24 hours, depending on the procedure and the anesthesia used.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-12	Personnel assist with discharge from the recovery area.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-K-13	Unless they are having local anesthesia only, patients are transported from the facility by wheelchair or gurney to a waiting vehicle or to another facility with a responsible adult.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION L: Operative Log					
8-L-1	A separate operative log of all cases is maintained, either in a sequentially numbered, bound journal from which pages may not be removed, or in a tamper-proof, secured computer record consistent with state and federal law. A loose-leaf notebook or a spiral-bound notebook does not fulfill this regulation. This log must be kept in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-L-2	An operative log must include sequential numerical listing of patients either consecutive numbering from the first case carried out in the facility or consecutive numbers starting each year.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-3	An operative log must include date of procedure.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-4	An operative log must include patient's name and/or identification number.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-5	An operative log must include record of surgery(ies) and other invasive procedures to be conducted during the case.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-6	An operative log must include the surgeon/proceduralist's name.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-7	An operative log must include record of the type of anesthesia used.	416.47(b)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
8-L-8	An operative log must include name of person(s) administering anesthesia.	416.47(b)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
8-L-9	An operative log must include name of person(s) assisting physician (e.g. additional physician, registered nurse - circulating or scrubbed, scrub tech, physician's assistant, dental assistant, anesthesia assistant, or other qualified personnel).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 9: GOVERNING BODY

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Governing Body					
9-A-1	The facility has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing facility's total operation. The governing body has oversight and accountability for the quality assessment and performance improvement program, ensures that the facility policies and programs are administered so as to provide quality health care in a safe environment, and develops and maintains a disaster preparedness plan.	416.41 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-2	The medical and clinical staff of the ASC must be accountable to the governing body.	416.45 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-3	The minutes of each official "Governance" meeting are recorded and filed with the original governing rules and regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-4	The appointment of administrative personnel is documented.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-5	The governing body has defined the scope and intended use of the facility, as well as the appropriate ancillary support needed for the intended surgical procedures.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
9-A-6	The rules and regulations of the governing body are reviewed and revised at least annually.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-7	The governing body: Is regulated by a governing document that has the consent of each member of the body.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-8	The governing body: Has a policy for addressing potential conflicts of interest.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-9	The governing body: Assumes full responsibility for reviewing and taking appropriate action on legal affairs of the ASC and its staff.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-10	The governing body: Sets policy on how individual staff deal with each other and external parties.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-11	The governing body: Sets policy on staff's role in properly dealing with patients.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
9-A-12	The governing body is responsible for the operation and performance of the facility including: Determining the mission and goals of the facility, including the types of services provided and for determining, implementing, and monitoring policies governing the facility's total operation.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-13	The governing body is responsible for the operation and performance of the ASC including: Determining the organizational structure.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-14	The governing body is responsible for the operation and performance of the ASC including: Adopting policies and procedures for the orderly conduct of the ASC and for insuring procedures are provided in a safe and effective manner.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-15	The governing body is responsible for the operation and performance of the ASC including: Ensuring financial responsibility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-16	The governing body is responsible for the operation and performance of the ASC including: Approving all arrangements for ancillary medical care delivered in the ASC, including laboratory, radiological, pathologic and anesthesia services.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-A-17	The governing body must assure that all outside services are provided in a safe and effective manner.	416.41(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
9-A-18	The governing body is responsible for the operation and performance of the ASC including: Complying with the Equal Employment Opportunities Act and with the Americans with Disabilities Act.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Transfer Agreement					
9-B-1	The facility must provide the local hospital with written notice of its operations and patient population served at least annually.	416.41(b)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-B-3	The ASC must have an effective procedure for the immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.	416.41(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-B-4	This hospital must be a local, Medicare-participating hospital or a local, nonparticipating hospital that meets the requirements for payment for emergency services under 42 CFR 482.2.	416.41(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION C: Extended Stays					
9-C-1	If overnight stays are permitted, the facility is in compliance with all applicable local and state laws and regulations.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-C-2	If 23-hour stays are permitted, the facility is in compliance with all pertinent local and state laws and regulations.		B C-M C	☐Compliant ☐Deficient	

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION D: Laboratory Services					
9-D-1	If the facility provides laboratory services, the laboratory must meet the requirements of part 493 of 42 CFR. OR If the facility does not provide laboratory services, any referral laboratory must be certified in the appropriate specialties and sub-specialties of service to perform the referred tests in accordance with the requirements of part 493 of 42 CFR. The referral laboratory must be certified in the appropriate specialties and subspecialties of service to perform the referred tests in accordance with the requirements of Part 493 of this chapter of the Code of Federal Regulations.	416.49(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
9-D-2	The ambulatory surgery facility's policies and procedures must list the kinds of laboratory services that are provided directly by the facility and services that are provided through a contractual agreement.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 10: QUALITY ASSESSMENT / QUALITY IMPROVEMENT / RISK MANAGEMENT

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Quality Assessment / Quality Improvement Program / Risk Management					
10-A-1	A licensed and qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Quality Improvement Program					
10-B-1	The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-2	The facility has a written quality improvement program implemented which includes surveys or projects that monitor and evaluate patient care.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-3	The facility has a written quality improvement program implemented which includes surveys or projects that evaluate methods to improve patient care.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-4	The facility has a written quality improvement program implemented which includes surveys or projects that identify and correct deficiencies within the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-B-5	The facility has a written quality improvement program implemented which includes surveys or projects that alert the facility's QI program to identify, track, trend, evaluate, and resolve problems.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-6	The facility has a written quality improvement program that includes documentation of Peer Review meetings for the prior three (3) years, which must be available for the surveyor. Facilities with a monthly case volume of 50 or fewer cases must conduct peer review meetings no less than twice per year. Facilities with a monthly case volume in excess of 50 cases must conduct peer review meetings no less than quarterly.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-7	The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.	416.43(a)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-8	The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.	416.43(a)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-9	The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC.	416.43(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-B-10	The ASC must use the data collected to monitor the effectiveness and safety of its services, and quality of its care.	416.43(b)(2) Standard 416.43(b)(2)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-11	The ASC must use the data collected to identify opportunities that could lead to improvements and changes in its patient care.	416.43(b)(2)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-12	The ASC must set priorities for its performance improvement activities that focus on high risk, high volume, and problem-prone areas.	416.43(c)(1) Standard 416.43(c)(1)(i) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-13	The ASC must set priorities for its performance improvement activities that consider incidence, prevalence, and severity of problems in those areas.	416.43(c)(1)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-14	The ASC must set priorities for its performance improvement activities that affect health outcomes, patient safety, and quality of care.	416.43(c)(1)(iii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-15	Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.	416.43(c)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-B-16	The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.	416.43(c)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-17	The number and scope of distinct improvement projects conducted annually must reflect the scope and complexity of the ASC's services and operations.	416.43(d)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-18	The ASC must document the projects that are being conducted. The documentation, at a minimum, must include the reason(s) for implementing the project, and a description of the project's results.	416.43(d)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-19	The governing body must ensure that the QAPI program is defined, implemented, and maintained by the ASC.	416.43(e) Standard 416.43(e)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-20	The governing body must ensure that the QAPI program addresses the ASC's priorities and that all improvements are evaluated for effectiveness.	416.43(e)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-21	The governing body must ensure that the QAPI program specifies data collection methods, frequency, and details.	416.43(e)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-B-22	The governing body must ensure that the QAPI program clearly establishes its expectations for safety.	416.43(e)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-B-23	The governing body must ensure that the QAPI program adequately allocates sufficient staff, time, information systems and training to implement the QAPI program.	416.43(e)(5) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Peer Review					
Quality Assurance/Quality Improvement is comprised of several different processes including but not limited to Peer Review. Peer Review refers to periodic peer review of patient medical records by a peer physician. Additionally, AAAASF seeks to promote the best standards and safest possible practices through its Patient Safety Data Reporting process. Patient Safety Data Reporting falls under the broad umbrella of peer review but is a distinct process from the Peer Review process noted above and consists of the online submission of random cases and all adverse events in accordance with standards.					
10-D-1	To be HIPAA compliant, a copy of the HIPAA Business Associates Agreement must be signed by each physician working outside the facility participating in such facility's Quality Assurance/Quality Improvement process, including but not limited to Peer Review and Patient Safety Data Reporting, and a copy must be retained on file in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-2	If peer review sources external to the facility are used to evaluate delivery of medical care, the HIPAA Business Associates Agreement is so written as to waive confidentiality of the clinical records.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-D-3	Peer review may be done by a recognized peer review organization or a surgeon/proceduralist other than the operating surgeon/proceduralist, unless otherwise specified by state regulations.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-4	Peer review and the associated peer review meetings should include at a minimum the same random cases and all adverse events selected for submission to the Patient Safety Data Reporting since the preceding peer review meeting.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-5	Peer review must include at a minimum: Record of the adequacy and legibility of history and physical exam		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-6	Peer review must include at a minimum: Record of the adequacy of surgical consent		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-7	Peer review must include at a minimum: Record of the adequacy of appropriate laboratory, EKG, and radiographic reports.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-8	Peer review must include at a minimum: Record of the adequacy of a written operative report		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-9	Peer review must include at a minimum: Record of the adequacy of anesthesia and recovery records (with IV sedation or general anesthesia).		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
10-D-10	Peer review must include at a minimum: Record of the adequacy of instructions for post-operative care		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
10-D-11	Peer review must include at a minimum: Documentation of the discussion of any complications		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 11: PERSONNEL

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Personnel					
11-A-1	If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.	416.45(c) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-A-2	All personnel are provided with a code of ethics or behavior which governs their conduct when communicating with fellow staff or the public.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION B: Medical Director & Facility Director					
11-B-1	The Medical Director must have an M.D., D.O., D.P.M, D.M.D., D.D.S., or C.R.N.A. degree		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-B-2	The Facility Director must have an MD, DO, DPM, DMD, DDS, or CRNA degree. *One person may fill both the Medical Director and Facility Director roles, or the roles can be filled by two separate people.*		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-B-3	The Medical Director and Facility Director must be a provider currently licensed by the state in which the facility is located.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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11-B-4	The Medical Director and Facility Director must be certified or eligible for certification by one of the following boards: - American Board of Medical Specialties (ABMS) - American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) - American Board of Foot and Ankle Surgery (ABFAS) - American Board of Podiatric Medicine (ABPM) - National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) *(Facility Director only)* - American Board of Pediatric Dentistry (ABPD) -American Board of Oral and Maxillofacial Surgery (ABOMS)		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-B-7	The Facility Director must be actively involved in the direction and management of the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-B-8	The Facility Director is responsible for establishing and enforcing policies that protect patients. The Facility Director monitors all members of the medical and facility staff for compliance with this policy.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-B-9	The Medical Director must be involved in the organization's direction, objectives and policy development and implementation.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION C: Surgeons / Proceduralists / Etc.					
11-C-1	Procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body in accordance with approved policies and procedures of the facility.	416.42 Condition	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-C-2	Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.	416.45(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-C-3	Medical staff privileges must be periodically reappraised by the ASC and the scope of procedures must be periodically reviewed and amended as appropriate.	416.45(b) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-C-4	Each physician using the facility is credentialed and qualified for the procedures they perform.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-C-5	Each physician must currently be licensed by the state in which they practice. A copy of each physician's current license must be maintained on file in the facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-C-7	All individuals using the facility must meet one of the following criteria: - A doctor of medicine currently certified, previously certified, or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS). - A doctor of osteopathy currently certified, previously certified, or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS). - A podiatrist current certified, previously certified, or eligible for certification by the American Board of Foot and Ankle Surgery (ABFAS) or The American Board of Podiatric Medicine (ABPM). - An oral and maxillofacial surgeon currently certified, previously certified, or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-C-8	ABMS-certified or eligible medical specialists who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their ABMS board certification and/or covered by American Medical Association (AMA) Core Principle #7. American Osteopathic Association (AOA) certified or eligible physicians who perform surgical procedures within the accredited facility may perform only those surgical procedures delineated in their AOA board certification and/or covered by AMA Core Principle #7. Podiatrists certified or eligible for certification who perform surgical procedures with accredited facility may perform only those surgical procedures delineated in their ABFAS board certification and/or covered by AMA Core Principle #7. The AMA Core Principle #7 (from AMA resolution dated April, 2003): AMA Core Principal #7—Physicians performing office-based surgery must be currently board certified/qualified by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board. The surgery must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care. The physician's hospital has the right to limit the type of procedures the physician may perform within the specified scope of practice. This limitation will apply to the AAAASF-accredited facility as well. Granting of hospital privileges outside the scope of training and practice recognized by the individual practitioner certifying board will not apply to the AAAASF-accredited facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-C-9	Physicians who perform procedures in facilities accredited by AAAASF must hold or demonstrate that they have held valid, unrestricted hospital privileges in their specialty at an accredited and/or licensed hospital. Only procedures included within those hospital privileges may be performed within the AAAASF accredited facility. If the privilege-granting hospital does not possess equipment or technology to allow a physician to be credentialed for a specific procedure, the physician may provide alternative evidence of training and competence in that procedure. Individual consideration will be given if the physician no longer possesses or cannot obtain such privileges, and can demonstrate that loss of, or inability to obtain such privileges was not related to lack of clinical competence, ethical issues, or problems other than economic competition. **-OR-** If the physician has never held privileges, or no longer holds privileges, AAAASF will accept alternate credentialing via primary source verification. Primary source verification must be re-credentialed every two (2) years. Additionally, these physicians who have primary source verification are no longer required to have hospital admitting privileges. However, the facility must have a written transfer agreement with a local hospital. It is the facility's responsibility to conduct the primary source verification and not the physician's. Required elements of primary source verification are: - Verification of medical education directly from institution (MD, DO, DMD, DDS, or DPM degree) - Verification of any specialty/subspecialty from sponsoring institution - Verification of all state license(s) with issue date(s), expiration date(s), status (as of current date) and type of license (temporary, limited or unlimited) - Verification of board certification status, if applicable. - Drug Enforcement Administration (DEA) registration status - National Practitioner Databank (NPDB)'s Integrated Querying and Reporting Services (IQRS)"		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-C-10	If the physician does not hold admitting privileges at the nearest acute care hospital, there must be a signed and dated document from a person in the same specialty who has admitting privileges in the nearest acute care hospital that indicates their willingness to admit the patient to the hospital.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-C-11	Practitioners of interventional radiology must meet all of the following criteria: - MD or DO - Board certification or board eligibility by the American Board of Radiology (ABR) - Fellowship training as approved by the ABR - Current certificate of added qualifications in interventional/vascular radiology - All physicians practicing in an AAAASF-accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF-accredited facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-C-12	Practitioners of Pain Management would be required to meet all of the following criteria: - Have an M.D. or D.O. degree - Appropriate fellowship training in pain management - Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology - Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS - All physicians practicing in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at an accredited and/or licensed acute care hospital within thirty (30) minutes of the accredited facility for all procedures that they perform within the facility. Only procedures included in those hospital privileges may be performed within the AAAASF accredited facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION D: Anesthesia Providers					
11-D-1	If anesthesiologists, CRNAs, and/or anesthesia assistants (as certified by the NCCAA) under direct supervision of the anesthesiologist participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-2	All anesthesia providers must be licensed or accredited by the state in which they practice.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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11.D.3	All anesthesiologists and CRNAs must be responsible for the administration of dissociative anesthesia with propofol, spinal or epidural blocks, or general anesthesia as well as the monitoring of all life support systems.		C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-4	The physician responsible for supervising the administration of anesthesia must have knowledge of anesthetics and resuscitative techniques. Podiatrists and oral and maxillofacial surgeons must use an anesthesiologist or a supervising physician to administer anesthesia.	416.42(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-6	If responsible for supervising anesthesia or providing anesthesia, the qualified physician must be present in the operating suite throughout the administration of anesthesia.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-8	The anesthesia provider(s) cannot function in any other capacity (e.g., procedure assistant or circulating nurse) during the procedure, except for oral and maxillofacial surgery where the operator/anesthetist model has been established utilizing a two-person team for Moderate sedation and a three-person team for Deep sedation. All personnel must abide by all state and federal regulations and laws governing the administration of anesthesia.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-D-9	All anesthetics other than topical or local anesthetic agents are delivered by either an anesthesiologist, or by a CRNA (under physician supervision if required by state or federal law or by a policy adopted by the facility), or by an anesthesiology assistant certified by the NCCAA (under direct supervision of an anesthesiologist). Parenteral sedation, other than propofol, may be administered by a registered nurse under the supervision of a qualified physician.	416.42(b)(1) Standard 416.42(b)(2) Standard	B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-10	An ASC may be exempted from the requirement for physician supervision of CRNAs as described in AAAASF Standard 11-D-9, if the State in which the ASC is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with the State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement, and that the opt out is consistent with State law.	416.42(c) Standard 416.42(c)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-D-11	The request for exemption and recognition of State laws and the withdrawal of the request may be submitted at any time and are effective upon submission.	416.42(c)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION E: Facility Staffing					
11-E-1	When a patient is present in the facility to undergo a procedure under a higher level of anesthesia than meets the AAAASF definition of Class A, there is a regularly employed and licensed registered nurse, physician other than the operating surgeon, or physician's assistant designated as the person responsible for patient care in all areas of the facility (ie, operating room, operating suite, and all patient care areas), in accordance with state/local law.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-E-2	All operating suite personnel must meet acceptable standards as defined by their professional governing bodies, where applicable.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-E-3	Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever a patient is in the ambulatory surgery facility.	416.44(e) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION F: Nurse Staffing					
11-F-1	The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met and must be provided in accordance with recognized standards of practice.	416.46 Condition 416.46(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-F-2	There must be a registered nurse available for emergency treatment whenever there is a patient in the ambulatory surgery facility.	416.46(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-F-3	Patient care responsibilities must be delineated for all nursing service personnel.	416.46(a) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-F-4	No nurse provides coverage in the ASC and in an adjacent clinic (or hospital) at the same time.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION G: Post-Anesthesia Care unit (PACU) Staffing					
11-G-1	There is a written policy that whenever parenteral sedation, dissociative drugs, epidural, spinal or general anesthesia is administered, a physician is immediately available until the patient is discharged from the PACU.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-G-2	All recovering patients must be observed and supervised by trained medical personnel in the PACU. A physician, CRNA, PA, or RN currently licensed and certified in advanced cardiac life support (ACLS) is immediately available until the patient has met PACU discharge criteria for discharge from the facility. Local mandates and stricter standards may apply.		B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION H: Personnel Records					
11-H-1	IMPORTANT: Employee information such as previous employment, health information (except specific to AAAASF standards and state required immunizations or tests) disabilities, employment and performance reviews are protected and of no interest to the AAAASF surveyor. However, the surveyor does need to confirm that an adequate file is kept on each employee related to the items listed below. Please have only this data available for each employee, separate from the employee files.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-H-2	There is a manual outlining personnel policies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-3	The manual contains personnel policies and records which are maintained according to OSHA, HIPAA, and ADA (Americans with Disabilities Act) guidelines. IMPORTANT: Employee information must remain strictly confidential.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-4	Each personnel record contains any health problems of the individual which may be hazardous to the employee, other employees or patients, and a plan of action or special precautions delineated as needed. To be reviewed and updated annually.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-5	Each personnel record contains resume of training and experience.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-6	Each personnel record contains current certification or license if required by the state.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-7	Each personnel record contains date of employment.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-H-8	Each personnel record contains description of duties.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-9	Each personnel record contains on-going record of continuing education.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-H-10	Each personnel record contains on-going record of inoculations or refusals.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
SUB-SECTION I: Personnel Training					
11-I-1	Each personnel record has evidence of annual hazard safety training.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-2	Each personnel record has evidence of annual blood borne pathogen training.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-3	Each personnel record has evidence of annual universal precaution training.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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11-I-4	Each personnel record has evidence of other annual safety training including operative fire safety training and structure fire safety, including operation of a fire extinguisher.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-5	Each personnel record has evidence of at least Basic Cardiopulmonary Life Support (BLS) certification, but preferably Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) for each operating room and PACU team member, depending on patient population.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-6	The operating room personnel have knowledge to treat cardiopulmonary and anaphylactic emergencies. At least one member of the operating room team, preferably the physician, pediatric dentist, or the anesthesia provider, holds current PALS certification and/or ACLS certification, if appropriate.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-10	The operating room personnel are familiar with equipment and procedures utilized in the treatment of emergencies discussed in standards section 5-C.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-11	If a gas sterilizer or Automated Endoscope Reprocessor (AER) is used, personnel are thoroughly familiar with the operating instructions.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-I-12	Facility maintains documented training of appropriate personnel related to scope cleaning, reprocessing, and storing, as applicable to individual duties.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION J: Vaccination Status					
11-J-1	*The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID–19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID–19. The completion of a primary vaccination series for COVID–19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.*	*416.51(c) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-2	*Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:* *-Facility employees;*	*416.51(c)(1)(i) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-3	*Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:* *-Licensed practitioners;*	*416.51(c)(1)(ii) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-4	*Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:* *-Students, trainees, and volunteers; and*	*416.51(c)(1)(iii) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-5	*Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its patients:* *-Individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or by other arrangement.*	*416.51(c)(1)(iv) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-6	*The policies and procedures of this section do not apply to the following facility staff:* *Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with patients and other staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5; and*	*416.51(c)(2)(i) Standard*	A B C-M C	Compliance Note – Not Applicable	Enter observations of non-compliance, comments or notes here.
11-J-7	*The policies and procedures of this section do not apply to the following facility staff:* *Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with patients and other staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5.*	*416.51(c)(2)(ii) Standard*	A B C-M C	Compliance Note – Not Applicable	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-8	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5 (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single dose COVID–19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID–19 vaccine, prior to staff providing any care, treatment, or other services for the facility and/or its patients;*	*416.51(c)(3)(i) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-9	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring that all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5 are fully vaccinated for COVID–19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;*	*416.51(c)(3)(ii) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-10	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring that the facility follows nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID–19, and which must include the implementation of additional precautions for all staff who are not fully vaccinated for COVID–19;*	*416.51(c)(3)(iii) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-11	*The policies and procedures must include, at a minimum, the following components:* *A process for tracking and securely documenting the COVID–19 vaccination status for all staff specified in standards 11-J-2, 11-J-3, 11-J-4, and 11-J-5;*	*416.51(c)(3)(iv) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-12	*The policies and procedures must include, at a minimum, the following components:* *A process for tracking and securely documenting the COVID–19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;*	*416.51(c)(3)(v) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-13	*The policies and procedures must include, at a minimum, the following components:* *A process by which staff may request an exemption from the staff COVID–19 vaccination requirements based on an applicable Federal law;*	*416.51(c)(3)(vi) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-14	*The policies and procedures must include, at a minimum, the following components:* *A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID–19 vaccination requirements;*	*416.51(c)(3)(vii) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-15	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID–19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:* *All information specifying which of the authorized or licensed COVID–19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and*	*416.51(c)(3)(viii)* *416.51(c)(3)(viii)(A) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-16	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID–19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:* *A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID–19 vaccination requirements for staff based on the recognized clinical contraindications;*	*416.51(c)(3)(viii)(B) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
11-J-17	*The policies and procedures must include, at a minimum, the following components:* *A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID–19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID–19, and individuals who received monoclonal antibodies or convalescent plasma for COVID–19 treatment; and*	*416.51(c)(3)(ix) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
11-J-18	*The policies and procedures must include, at a minimum, the following components:* *Contingency plans for staff who are not fully vaccinated for COVID–19.*	*416.51(c)(3)(x) Standard*	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 12: State Supplements

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: ASC - Florida					
	If the facility is not located in Florida, please select N/A for section 12-A.			☐N/A – Facility is not located in Florida	
12-A-1	The facility has processes that report and investigate safety incidents, complaints, adverse events and near misses for patients and staff on a defined basis. The results of these investigations of adverse events are reported in the Quality Improvement/Quality Assessment meetings.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-2	Anesthetic safety regulations shall be developed, posted and enforced. Such regulations shall include at least the following requirements: Electrical equipment in anesthetizing areas shall be on an audiovisual line isolation monitor, with the exception of radiologic equipment and fixed lighting more than 5 feet above the floor.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-3	Anesthetic safety regulations shall be developed, posted and enforced. Such regulations shall include at least the following requirements: Each anesthetic gas machine shall have pin-index system or equivalent safety system and a minimum oxygen flow safety device.		C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

AAAASF ASC Standards [Version 8.0]

ID	Standard	CMS Ref	Class	Score	Findings/Comments
12-A-4	The process for entry or admission to the facility for a procedure must be coordinated and defined in a policy.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-5	The facility has a written quality improvement program implemented which should include surveys of projects that Include documentation of quarterly infection control and risk management meetings for the prior 3 years, which should be available for the surveyor.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-6	Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
12-A-7	As part of an ongoing risk management program, the facility must conduct a risk assessment of its operational activities at least annually. The assessment should study the risks presented to patients and staff by medication management, fall hazards, infection control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The results of the Risk Assessment should be prioritized for risk mitigation, risk management, and QA/PI projects.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-8	The facility must develop and maintain a program of risk management, appropriate to the organization. This may be carried out in conjunction with the Quality Assessment/Quality Improvement program.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-9	All staff must be educated in risk management activities on commencement of employment and annually thereafter, and when there is an identified need.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-10	The governing body of the organization is responsible for overseeing the program of risk management.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-11	The facility will designate a person or committee responsible for implementation and ongoing management of the risk management program.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
12-A-12	The individual responsible for the risk management program shall have free access to all medical records of the licensed facility.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-13	The internal risk manager of each licensed facility shall: Notify the family or guardian of the victim, if a minor, that an allegation of sexual misconduct has been made and that an investigation is being conducted.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-14	The internal risk manager of each licensed facility shall: Report to the Department of Health every allegation of sexual misconduct, as defined by state law, and the respective practice act, by a licensed health care practitioner that involves a patient.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-15	Any witness who witnessed or who possesses actual knowledge of the act that is the basis of an allegation of sexual abuse shall: Notify the local police.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-16	The risk manager shall be responsible for the regular and systematic reviewing of all incident reports for the purpose of identifying trends or patterns as to time, place or persons. Upon emergence of any trend or pattern in incident occurrence, the risk manager shall develop recommendations for corrective actions and risk management prevention education and training. Summary data shall be maintained for 3 years.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

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ID	Standard	CMS Ref	Class	Score	Findings/Comments
12-A-17	Adverse events must be tracked and trended on a defined basis.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-18	State agencies and AAAASF shall have access to all facility records necessary to carry out the provisions of this manual. Evidence of the incidents reporting and analysis system and copies of summary reports, incident reports filed within the facility, and evidence of recommended and accomplished corrective actions shall be made available for review to any authorized representative of the state or AAAASF upon request during normal working hours.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
12-A-19	The facility's policies and services are developed with the advice of a group of professional personnel that includes one or more physicians / dentists, one or more physician assistants / nurse practitioners / mid-level clinical personnel, and at least one community member that is not a member of the clinic staff.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

SECTION 13: Life Safety Code

ID	Standard	CMS Ref	Class	Score	Findings/Comments
SUB-SECTION A: Life Safety Code					
13-A-1	The operating room and recovery room have an emergency power source—such as a generator or battery-powered inverter—with capacity to operate adequate monitoring, anesthesia, surgical equipment, cautery, and lighting for a minimum of 2 hours. If 2 or more operation and recovery rooms are used simultaneously, an adequate emergency power source must be available for each room.).		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-2	Sufficient electrical outlets are available, labeled and properly grounded to suit the location (e.g. wet locations, cystoscopy-arthroscopy) and connected to emergency power supplies.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-3	All flammable and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to the most stringent requirement from among the LSC and HCFC requirements, State or local authorities.		A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-4	Except as otherwise provided in section 42 CFR 416.44, 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 TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).	416.44(b)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

ID	Standard	CMS Ref	Class	Score	Findings/Comments
13-A-5	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.	416.44(b)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-6	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.	416.44(b)(3) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-7	When a sprinkler system is shut down for more than 10 hours, the ASC must: i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or ii) Establish a fire watch until the system is back in service.	416.44(b)(5) Standard 416.44(b)(5)(i) Standard 416.44(b)(5)(ii) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-8	An ASC may place alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.	416.44(b)(4) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-9	Beginning July 5, 2017, an ASC must be in compliance with Chapter 21.3.2.1, Doors to hazardous areas.	416.44(b)(6) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

AAAASF ASC Standards [Version 8.0]

ID	Standard	CMS Ref	Class	Score	Findings/Comments
13-A-10	Except as otherwise provided in section 42 CFR 416.44, the ASC must meet the applicable provisions and must proceed in accordance with the 2012 edition of the Health Care Facilities Code (NFPA 99, and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).	416.44(c) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-11	Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to an ASC.	416.44(c)(1) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.
13-A-12	If application of the Health Care Facilities Code required under AAAASF 13-A-10 would result in unreasonable hardship for the ASC, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.	416.44(c)(2) Standard	A B C-M C	☐Compliant ☐Deficient	Enter observations of non-compliance, comments or notes here.

GLOSSARY

Adequate is meant to encompass size, space, maintenance, cleanliness, free of clutter, lighting, appropriately equipped, etc.

Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC and must meet the conditions set forth in subparts B and C of 416.2. ***[42 CFR 416.2]***

ASC services means, for the period before January 1, 2008, facility services that are furnished in an ASC, and beginning January 1, 2008, means the combined facility services and covered ancillary services that are furnished in an ASC in connection with covered surgical procedures. ***[42 CFR 416.2]***

Covered ancillary services means items and services that are integral to a covered surgical procedure performed in an ASC as provided in §416.164(b), for which payment may be made under §416.171 in addition to the payment for the facility services. ***[42 CFR 416.2]***

Covered surgical procedures means those surgical procedures furnished before January 1, 2008, that meet the criteria specified in §416.65 and those surgical procedures furnished on or after January 1, 2008, that meet the criteria specified in §416.166. ***[42 CFR 416.2]***

Facility services means for the period before January 1, 2008, services that are furnished in connection with covered surgical procedures performed in an ASC, and beginning January 1, 2008, means services that are furnished in connection with covered surgical procedures performed in an ASC as provided in §416.164(a) for which payment is included in the ASC payment established under §416.171 for the covered surgical procedure. ***[42 CFR 416.2]***

Clinical Personnel refers to the entire surgical/procedural clinical team, including, but not limited to, all surgeons/proceduralists, anesthesia providers, nurses, scrub techs, etc. Employment status (owner, employee, contractor, etc) is not a factor in defining who is included as Clinical Personnel.

Continual is defined as "repeated regularly and frequently in steady, rapid succession," whereas continuous means "prolonged without interruption at any time."

APPENDIX 1 – LSC REFERENCES

The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.

(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.

(i) NFPA 99, Standards for Health Care Facilities Code of the National FireProtection Association 99, 2012 edition, issued August 11, 2011.

(ii) TIA 12-2 to NFPA 99, issued August 11, 2011.

(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.

(iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v)TIA 12-5 to NFPA 99, issued August 1, 2013.

(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.

(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011;

(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.

(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.

(x) TIA 12-3 to NFPA 101,issued October 22, 2013.

(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.

[42 CFR 416.44(f)(1)(i-xi)]

AAAASF ASC Standards [Version 8.0]

LIFE SAFETY CODE SURVEYOR INSTRUCTIONS

The materials included in this handbook are provided to assist the surveyor in assessing the ASC's compliance with all applicable codes and requirements. This manual is intended as a survey guide to facilitate the documentation of surveyor findings. The Life Safety Code surveyor must consider all applicable National Fire Protection Association (NFPA) Life Safety Code (LSC), Health Care Facilities Code (HCFC), and reference document requirements when conducting the survey.

Deficiencies must be documented in the official electronic Surveyor Handbook utilizing the CMS Principles of Documentation Guide. The enclosed worksheet must be submitted electronically within 48 hours of the Survey End Date.

When completing the LSC portion of the ASC Surveyor Worksheet document, check all items as Compliant or Non-Compliant at the applicable standard and/or the 2786U form (attached within this document). If an AAAASF item does not apply to the facility, it should be marked as "NA".

Items on both documents:
If there is an item on the LSC Surveyor Worksheet that is also in the 2786U form that is "deficient", the standard on the LSC Surveyor Worksheet must be marked as "Non-Compliant" and the surveyor may add a note under "Deficiency Statement" to "refer to form 2786U for details of deficiency". **Items on LSC**

Surveyor Worksheet Only:
If there is a deficient item on the LSC Surveyor Worksheet that is NOT on the 2786U form, the item on the LSC Surveyor Worksheet must be marked as "Non-Compliant" and the surveyor must provide sufficient detail related to the finding under the "Deficiency Statement" field.

Items on 2786U Form Only:
If there are only deficiencies on the 2786U form, then Standard **13-A-1** must be marked as "Non-Compliant" and information in the "Deficiency Statement" must refer to findings and their location noted on the 2786U form.

FIRE SAFETY SURVEY REPORT – 2012 LIFE SAFETY CODE AMBULATORY HEALTH CARE	1.(A) PROVIDER NUMBER Click or tap here to enter text.	1.(B) MEDICAID I.D. NO. Click or tap here to enter text.

PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing
PART III — Recommendation for Waiver
PART IV – Crucial Data Extract

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2.(A) MULTIPLE CONSTRUCTION (BLDGS.)	2.(B) ADDRESS OF FACILITY (STATE, CITY, ZIP CODE)	
[Company]	A. BUILDING Click & Type B. WING Click & Type. C. FLOOR Click & Type	Click or tap here to enter text.	A. ☐ Fully Sprinklered (All required areas are sprinklered.) B. ☐ Partially Sprinklered (Not all required areas are sprinklered.) C. ☐ None (No sprinkler system.)

☐ Initial Survey ☐ Resurvey	Date of Survey: Click or tap to enter a date.	☐ New ☐ Existing ☐ Number of Stations in ESRD

CHECK ONE Facility is: ☐ Physically located in a hospital ☐ Free-standing: only occupancy in building ☐ Located in an Office Occupancy ☐ Located in a Mercantile/Business Occupancy Indicate Occupancy Enter Text Here ☐ Other (specify) Enter Text Here ☐ Accredited by **AAAASF** ☐ Non Accredited	DATE OF BLDG. PERMIT OR PLAN APPROVAL Click or tap to enter a date.	DATE FIRST OCCUPIED AS AMBULATORY SURGICAL CTR. Click or tap to enter a date.
	If facility is located in a hospital or hospital owned/operated, was facility surveyed as part of Hospital LSC Survey? ☐ Yes ☐ No	
	A ☐ The facility MEETS based upon: B ☐ The facility DOES NOT MEET THE STANDARD 1. ☐ Compliance with all provisions 2. ☐ Acceptance of a Plan of Correction 3. ☐ Recommended waivers 4. ☐ Performance Based Design	

SURVEYOR NAME Click or tap here to enter text.	TITLE Click or tap here to enter text.	OFFICE Click or tap here to enter text.	DATE Click or tap to enter a date.
SURVEYOR ID: Click or tap here to enter text.			

ID PREFIX		MET	NOT MET	N/A	REMARKS
	PART I – NFPA 101 LSC REQUIREMENTS (Items in italics relate to the FSES)				
	SECTION 1 – GENERAL REQUIREMENTS				
K100	**General Requirements – Other** List in the REMARKS section any LSC Section 20.1 and 20.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.
K111	**Building Rehabilitation** ***Repair, Renovation, Modification, or Reconstruction*** Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: •Requirements of Chapter 21 •Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.620.1.1.4.3, 21.1.1.4.3, 4.6.7, 43.1.2.1 ***Change of Use or Change of Occupancy*** Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 20.1.1.4.2 or 21.1.1.4.2 20.1.1.4.2, 21.1.1.4.2, 43.1.2.2 (43.7) ***Additions*** Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2 hour fire resistance rating constructed of materials as required for the addition. 20.1.1.4.1, 21.1.1.4.1, 4.6.5, 4.6.7, 43.1.2.3 (43.8)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K131	**Multiple Occupancies – Sections of Ambulatory Health Care Facilities** Multiple occupancies shall be in accordance with 6.1.14. Sections of ambulatory health care facilities shall be permitted to be classified as other occupancies, provided they meet both of the following: •The occupancy is not intended to serve ambulatory health care occupants for treatment or customary access •They are separated from the ambulatory health care occupancy by a 1hour fire resistance rating Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following: •Walls have not less than 1 hour fire resistance rating and extend from floor slab to roof slab •Doors are constructed of not less than 1-3/4 inches thick, solid-bonded wood core or equivalent and is equipped with positive latches. •Doors are self-closing and are kept in the closed position, except when in use. •Windows in the barriers are of fixed fire window assemblies per 8.3. Per regulation, ASCs are classified as Ambulatory Health Care Occupancies, regardless of the number of patients served. 20.1.3.2, 21.1.3.3, 20.3.7.1, 21.3.7.1,42 CFR 416.44	☐	☐	☐	Click or tap here to enter text.

<table>
<tr><th>ID PREFIX</th><th></th><th>MET</th><th>NOT MET</th><th>N/A</th><th>REMARKS</th></tr>
<tr><td>K161</td><td>Building Construction Type and Height
Building construction type and stories meet Table 20.1.6.1 or Table 21.1.6.1, respectively.
<table>
<tr><td></td><td></td><td>Construction Type</td><td></td></tr>
<tr><td>1</td><td></td><td>I (442), I (332), II (222), II (111), III (211), IV (2HH), V (111)</td><td>Any number of stories non-sprinklered or sprinklered</td></tr>
<tr><td>2</td><td></td><td>II (000), III (200), V (000)</td><td>One story non-sprinklered
Any number of stories sprinklered</td></tr>
</table>
Any level below the level of exit discharge shall be separated by Type II (111), Type III (211), or Type V (111) construction unless both of the following are met:
1. Such levels are under the control of the ambulatory health care occupancy.
2. Hazardous spaces are protected per section 8.7.
Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 20.3.5 or 21.3.5, respectively)
Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.
20.1.6.1, 20.1.6.2, 21.1.6.1, 21.1.6.2</td><td>☐</td><td>☐</td><td>☐</td><td>Click or tap here to enter text.</td></tr>
<tr><td>K163</td><td>Interior Nonbearing Wall Construction
Interior nonbearing walls in Type I or II construction are constructed of noncombustible or limited-combustible materials. Interior nonbearing walls required to have a minimum 2 hour fire resistance rating are permitted to be fire-retardant-treated wood enclosed within noncombustible or limited-combustible materials, provided they are not used as shaft enclosures.
20.1.6.3, 20.1.6.4, 21.1.6.3, 21.1.6.4</td><td>☐</td><td>☐</td><td>☐</td><td>Click or tap here to enter text.</td></tr>
</table>

ID PREFIX		MET	NOT MET	N/A	REMARKS
K200	**Means of Egress Requirements – Other** List in the REMARKS section any LSC Section 20.2 and 21.2 Means of Egress Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 20.2, 21.2	☐	☐	☐	Click or tap here to enter text.
K211	**Means of Egress – General** Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 20/21.2.2 through 20/21.2.11. 20.2.1, 21.2.1, 7.1.10.1	☐	☐	☐	Click or tap here to enter text.
K222	**Egress Doors** Special locking arrangements are in accordance with section 7.2.1.6 ☐ DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. ☐ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. ☐ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 20.2.2.2, 21.2.2.2, 7.2.1.6.1 through 7.2.1.6.3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K223	**Doors with Self-Closing Devices** Doors required to be self-closing are permitted to be held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment, entire facility, and all stair enclosure doors upon activation of: •Required manual fire alarm system, and •Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and •Automatic sprinkler system, if installed; and •Loss of power 20.2.2.4, 20.2.2.5, 21.2.2.4, 21.2.2.5	☐	☐	☐	Click or tap here to enter text.
K231	**Means of Egress Capacity** The capacity of required means of egress is 20.2.3.1, 21.2.3.1, 38.2.3, 39.2.3	☐	☐	☐	Click or tap here to enter text.
K232	**Aisle, Corridor or Ramp Width** The clear width of any corridor or passageway required for egress shall be not less than 44 inches wide. Where a corridor is 6 feet wide, projections of not more than 6 inches from the corridor wall above the handrail height are permitted for alcohol-based hand rub dispensers. 20.2.3.2, 20.2.3.3, 21.2.3.2, 21.2.3.3	☐	☐	☐	Click or tap here to enter text.
K233	**Clear Width of Exit and Exit Access Doors** 2012 EXISTING Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32 inches, unless the doors are existing 34 inch wide doors.21.2.3.4	☐	☐	☐	Click or tap here to enter text.
	2012 NEW Doors in the means of egress from diagnostic or treatment areas, such as x-ray, surgical, or physical therapy, shall provide a clear width of not less than 32 inches. 20.2.3.4	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K241	**Number of Exits – Story and Compartment** 2012 EXISTING Single means of egress is allowed from a mezzanine or balcony if one of the following exist: 1.Common path of travel is under 100 feet if in a sprinklered building.2.Common path of travel 75 feet if in a non-sprinklered building.3.Common path of travel is not limited if occupant load is under 30.Not less than 2 exits, as described in 38.2.2, are remotely located for each fire section or patient care area of the building and are accessible from each smoke compartment. Patient care suites larger than 2500 square feet have 2 exits remotely located from each other. Egress from smoke compartments, if installed, shall be permitted through adjacent compartments provided the egress does not return through the compartment of fire origin. 21.2.3.1 through 21.2.3.5, 7.4.1.1, 7.4.1.3 through 7.4.1.6	☐	☐	☐	Click or tap here to enter text.
	2012 NEW Meets the requirements of section 7.4. Not less than 2 exits, as described in 38.2.2, are remotely located for each fire section or patient care area of the building and are accessible from each smoke compartment. Patient care suites larger than 2500 square feet have 2 exits remotely located from each other. Egress from smoke compartments, if installed, shall be permitted through adjacent compartments provided the egress does not return through the compartment of fire origin. 20.2.4.1 through 20.2.4.5, 7.4	☐	☐	☐	Click or tap here to enter text.
K251	**Dead-End Corridors and Common Path of Travel** 2012 EXISTING Dead end corridors shall not exceed 50 feet. Common path of travel is no more 75 feet, and no more than 100 feet sprinklered story. Common path of travel is not limited in single tenant space with an occupant load not exceeding 30 persons. 21.2.5, 39.2.5.2	☐	☐	☐	Click or tap here to enter text.
	2012 NEW Dead-end corridors are no more than 50 feet in sprinklered buildings, and no more than 20 feet in non-sprinklered buildings. Common path of travel is no more 75 feet, and no more than 100 feet in sprinklered buildings or single tenant space with an occupant load not exceeding 30 persons. 20.2.5, 38.2.5.2, 38.2.5.3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K261	**Travel Distance to Exits** Travel distance between any point in a room and an exit is 150 feet or 200 feet in sprinklered buildings. 20.2.6, 21.2.6	☐	☐	☐	Click or tap here to enter text.
K271	**Discharge from Exits** Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 07-38. 20.2.7, 21.2.7, 38.2.7, 39.2.7, 7.7	☐	☐	☐	Click or tap here to enter text.
K281	**Illumination of Means of Egress** Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 20.2.8, 21.2.8, 7.8	☐	☐	☐	Click or tap here to enter text.
K291	**Emergency Lighting** Emergency lighting of at least 1-1/2 hour duration is provided automatically with 7.9. 20.2.9.1, 21.2.9.1, 7.9	☐	☐	☐	Click or tap here to enter text.
K292	**Life Support Means of Egress** Where general anesthesia or life-support equipment is used, each ambulatory health care facility shall be provided with an essential electric system in accordance with NFPA 99. (Indicate N/A if life support equipment is for emergency purposes only.) 20.2.9.2, 21.2.9.2	☐	☐	☐	Click or tap here to enter text.
K293	**Exit Signage** Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 20.2.10, 21.2.10, 7.10	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
	SECTION 3 - PROTECTION				
K300	**Protection – Other** List in the REMARKS section any LSC Section 20.3 and 21.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.
K311	**Vertical Openings – Enclosure** 2012 EXISTING Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: 1.Unenclosed vertical openings per 8.6.9.1 are permitted. 2.Unenclosed openings which do not serve as a required means of egress are permitted. 3.Exit access stairs may be unenclosed if they meet the following conditions: **Two stories or less** a. Building is protected throughout by a supervised sprinkler system per 9.7.1.1(1). b. Total travel distance to outside does not exceed 100 feet. **Three stories or less** a. Occupant load per story does not exceed 15 people. b. Building is sprinkler protected throughout per 9.7.1.1(1). c. Building contains an automatic smoke detection system per 9.6. d. Activation of the sprinkler system or smoke detection system notifies all occupants of the building. e. Total travel distance to outside does not exceed 100 feet. Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors. 21.3.1, 39.3.1.1, 39.3.1.2	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K311	2012 NEW Vertical openings shall be enclosed or protected per 8.6, unless one of the following conditions exist: 1.Unenclosed vertical openings per 8.6.9.1 are permitted. 2.Exit access stairs may be unenclosed if they meet the 2 conditions: a. Building is sprinkler protected throughout. b. Total travel distance to outside does not exceed 100 feet. Floors that are below the street level and are used for storage or any use other than a business occupancy, shall not have any unprotected openings to the business occupancy floors. 20.3.1, 38.3.1.1, 38.3.1.2	☐	☐	☐	Click or tap here to enter text.
K321	**Hazardous Areas – Enclosure** Hazardous areas must meet one of the following: ☐Contain 1 hour rated enclosure when non-sprinklered ☐Sprinkler protected with smoke resistive separation ☐Severe Hazard locations contain sprinkler protection and 1 hour separation with 3/4 hour rated self-closing doors 20.3.2, 21.3.2, 38.3.2, 38.3.2.2, 39.3.2.1, 39.3.2.2, 8.7	☐	☐	☐	Click or tap here to enter text.
K322	**Laboratories** Laboratories employing quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are protected by 1-hour fire resistance-rated separation, automatic sprinkler system, and are in accordance with 8.7 and with NFPA 99. Laboratories not considered a severe hazard are protected as hazardous areas (see K321). Laboratories using chemicals are in accordance with NFPA 45. Gas appliances are of appropriate design and installed in accordance with NFPA 54. Shutoff valves are marked to identify material they control. Devices requiring medical grade oxygen from the piped distribution system meet the requirements under 11.4.2.2 (NFPA 99). 20.3.2.2, 21.3.2.2 9.3.1.2, 11.4.3.2, 15.4 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K323	**Anesthetizing Locations** Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99. Zone valves are located immediately outside each life-support, critical care, and anesthetizing location of moderate sedation, deep sedation, or general anesthesia for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others. Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20 percent and vacuum decreases of 12 inch gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies. The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system. Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58. 20.3.2.3, 21.3.2.3, NFPA 99 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3.4, 6.4.2.2.4.2	☐	☐	☐	Click or tap here to enter text.
K324	**Cooking Facilities** Commercial cooking equipment shall be installed per NFPA 96 unless used for food warming or limited cooking. 20.3.2.4, 20.3.2.5, 21.3.2.4, 21.3.2.5, 9.2.3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K325	**Alcohol Based Hand Rub Dispenser (ABHR)** ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: •Corridor is at least 6 feet wide. •Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols. •Dispensers shall have a minimum of 4-foot horizontal spacing .•Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room. •Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30. •Dispensers are not installed within 1 inch of an ignition source. •If floor is carpeted, the building is fully sprinkler protected. •ABHR does not exceed 95% alcohol. •Operation of the dispenser shall comply with Section 20.3.2.6(11) or21.3.2.6(11). •ABHR is protected against inappropriate access. 20.3.2.6, 21.3.2.6, 8.7.3.1, CFR 416.44	☐	☐	☐	Click or tap here to enter text.
K331	**Interior Wall and Ceiling Finish** Interior wall and ceiling finishes in exits and exit access corridors shall have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. All other areas may be class C rated material. Indicate flame spread rating(s) walls. Click or tap here to enter text. 20.3.3, 21.3.3, 38.3.3, 39.3.3, 10.2	☐	☐	☐	Click or tap here to enter text.
K332	**Interior Floor Finish** 2012 NEW **(Indicate N/A for 2012 EXISTING)** Interior floor finish in exit enclosures must meet 10.2 and be Class I or Class II. All other areas must meet 10.2.7.1 or 10.2.7.2. Indicate rating(s) for floors Click or tap here to enter text. 20.3.3, 21.3.3, 38.3.3, 39.3.3, 10.2	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K341	**Fire Alarm - Installation** A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring, or other transmission paths are monitored for integrity. 20.3.4.2.1, 21.3.4.1, 9.6	☐	☐	☐	Click or tap here to enter text.
K342	**Fire Alarm - Initiation** Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit and 200 feet travel distance is not exceeded. 20.3.4.2, 21.3.4.2, 9.6.2	☐	☐	☐	Click or tap here to enter text.
K343	**Fire Alarm – Notification** 2012 EXISTING A positive alarm sequence in accordance with 9.6.3.4 is permitted. Occupant notification is provided automatically, without delay, in accordance with 9.6.3. Fire department notification is accomplished automatically per 9.6.4. Smoke detection devices or systems equipped with reconfirmation features shall not be required to automatically notify the fire department, unless the alarm condition is reconfirmed within 120 seconds (2 minutes) 21.3.4.3 through 21.3.4.3.2.2, 9.6.3, 9.6.4	☐	☐	☐	Click or tap here to enter text.
	2012 NEW A positive alarm sequence in accordance with 9.6.3.4 is permitted. Occupant notification is provided automatically, without delay, in accordance with 9.6.3. Fire department notification is accomplished automatically per 9.6.4. 20.3.4.3 through 20.3.4.3.2.1, 9.6.3, 9.6.4	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K344	**Fire Alarm – Control Functions** The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 20.3.4.4, 21.3.4.4	☐	☐	☐	Click or tap here to enter text.
K345	**Fire Alarm Systems – Testing and Maintenance** A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72	☐	☐	☐	Click or tap here to enter text.
K346	**Fire Alarm – Out of Service** Fire alarms that are out of service for 4 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6	☐	☐	☐	Click or tap here to enter text.
K351	**Sprinkler System – Installation** Sprinkler systems (if installed) are installed per NFPA 13. Where more than two sprinklers are installed in a single area for protection, waterflow devices shall be provided to sound the building fire alarm system or to notify a constantly attended location such as a PBX, security office, or emergency room. 20.3.5.1, 20.3.5.2, 21.3.5.1, 21.3.5.2, 9.7.1.2, 9.7, NFPA 13	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K353	**Sprinkler System – Maintenance and Testing** Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, *Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.* Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a)Date sprinkler system last checked. Click or tap here to enter text. b)Who provided system test. Click or tap here to enter text. c)Water system supply source. Click or tap here to enter text. *Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.* 9.7.5, 9.7.7, 9.7.8, and NFPA 25	☐	☐	☐	Click or tap here to enter text.
K354	**Sprinkler System – Out of Service** Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24 hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 9.7.5, 15.5.2 (NFPA 25)	☐	☐	☐	Click or tap here to enter text.
K355	**Portable Fire Extinguishers** Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, *Standard for Portable Fire Extinguishers*. 20.3.5.3, 21.3.5.3, 9.7.4.1, NFPA 10	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K362	**Corridors – Construction of Corridor Walls** 2012 NEW (Indicate N/A for 2012 EXISTING) Where access to exits is provided by corridors, such corridors shall be separated from use areas by a minimum 1 hour fire barrier constructed per section 8.3, unless one of the following exists: 1.Where exits are available from an open floor area 2.Where the entire space is a single tenant 3.Where the building is protected throughout by an approved automatic sprinkler system installed per 9.7.1.1(1) If the walls have a fire resistance rating, give the rating. _____ 20.3.6.1, 38.3.6.1, 38.3.6.2	☐	☐	☐	Click or tap here to enter text.
K364	**Corridor – Openings** 2012 NEW (Indicate N/A for 2012 EXISTING) Miscellaneous openings, such as mail slots, pharmacy/laboratory/cashier pass-through windows, shall be permitted to be installed in vision panels or doors without special protection provided that they meet both of the following: 1)The aggregate opening does not exceed 20 square inches. 2)The opening is installed at or below half the distance from the floor to the ceiling. If the room is protected throughout by an automatic sprinkler system. The aggregate opening shall not exceed 80 square inches. 20.3.6.2.1, 20.3.6.2.2	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K371	**Subdivision of Building Spaces - Smoke Compartments** Smoke compartments do not exceed 25,000 square feet in size. Every story shall be divided into not less than 2 smoke compartments unless one of the following conditions occur: ☐Facility is less than 5,000 square feet protected by an approved smoke detection system. ☐Facility is less than 10,000 square feet protected by an approved, supervised sprinkler system per 9.7. ☐Adjoining occupancy is used as a smoke compartment if all of the following are met: a. Separating wall is 1 hour fire resistive rated b. Doors in the 1 hour rated wall at 1-3/4 inches thick. c. Doors in the 1 hour rated wall are self-closing. d. Windows in the 1 hour rated wall are fixed fire window assemblies per 8.3. e. The ambulatory health care facility is less than 22,500 square feet. f. Access from the ambulatory health care facility is unrestricted to another occupancy. 20.3.7.2, 21.3.7.2	☐	☐	☐	Click or tap here to enter text.
K372	**Subdivision of Building Spaces – Smoke Barrier Construction** 2012 EXISTING Smoke barriers shall be constructed to a 1/2 hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 21.3.7.5, 21.3.7.6, 8.5	☐	☐	☐	Click or tap here to enter text.
	2012 NEW Smoke barriers shall be constructed to provide at least a 1 hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems. 20.3.7.5, 20.3.7.6, 8.5	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K374	**Subdivision of Building Spaces – Smoke Barrier Doors** 2012 EXISTING Smoke barrier doors shall be a minimum of 1-3/4 inches thick, solid-bonded wood core or equivalent with self-closing or automatic-closing devices in accordance with 21.2.2.4. Latching hardware is not required. Doors are not required to swing in the direction of egress travel. 21.3.7.9, 21.3.7.10	☐	☐	☐	Click or tap here to enter text.
K374	2012 NEW Smoke barrier doors shall be a minimum of 1-3/4 inches thick, solid-bonded wood core or equivalent with self-closing or automatic-closing devices in accordance with 21.2.2.4. Latching hardware is not required. Doors are required to swing in the direction of egress travel. Rabbets, bevels, or astragals are at meeting edges, and stops are at the head and sides of door frames. Center mullions are prohibited in smoke barrier door openings. 20.3.7.9, 20.3.7.10, 20.3.7.13, 20.3.7.14	☐	☐	☐	Click or tap here to enter text.
K379	**Smoke Barrier Door Glazing** 2012 NEW (Indicate N/A for 2012 EXISTING) Cross-corridor swinging doors or cross corridor horizontal-sliding doors, contain a vision panel consisting of fire-rated glazing in approved frames in each door. Vision panels in any other door in the smoke barrier, if provided, shall be fire-rated glazing in approved frames. 20.3.7.11, 20.3.7.12, 21.3.7.7, 8.3	☐	☐	☐	Click or tap here to enter text.
	SECTION 4 – SPECIAL PROVISIONS				
K400	**Special Provisions – Other** List in the REMARKS section any LSC Section 20.4 and 21.4 Special Provisions requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K421	**High-Rise Buildings** 2012 EXISTING High-rise buildings are protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.1.1(1), or an engineered life safety system complying with 39.4.2.1(2). 21.4, 39.4.2	☐	☐	☐	Click or tap here to enter text.
	2012 NEW High-rise buildings 20.4, 38.4.2	☐	☐	☐	Click or tap here to enter text.
	SECTION 5 – BUILDING SERVICES				
K500	**Building Services – Other** List in the REMARKS section any LSC Section 20.5 and 21.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.
K511	**Utilities – Gas and Electric** Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 20.5.1, 21.5.1, 21.5.1.2, 9.1.1, 9.1.2	☐	☐	☐	Click or tap here to enter text.
K521	**HVAC** Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K522	**HVAC – Any Heating Device** Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety features to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: •is chimney or vent connected. •takes air for combustion from outside. •provides for a combustion system separate from occupied area atmosphere. 20.5.2.2, 20.5.2.2.1, 21.5.2.2, 21.5.2.2.1	☐	☐	☐	Click or tap here to enter text.
K523	**HVAC – Suspended Unit Heaters** Suspended unit heaters are permitted provided the following are met: •Not located in means of egress or in patient rooms. •Located high enough to be out of reach of people in the area. •Has the safety features to stop fuel and shut down equipment if there is excessive temperature or ignition failure. 20.5.2.2.2, 21.5.2.2.2	☐	☐	☐	Click or tap here to enter text.
K531	**Elevators** 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 21.5.3, 9.4.2, 9.4.3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K531	2012 NEW Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. New elevators conform to ASME/ANSI A17.1, Safety Code for Elevators and Escalators, including Firefighter's Service Requirements. (Includes firefighter's Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 20.5.3, 9.4.2, 9.4.3	☐	☐	☐	Click or tap here to enter text.
K532	**Escalators, Dumbwaiters, and Moving Walks** Escalators, dumbwaiters, and moving walks comply with the provisions of 9.4. All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. (Includes escalator emergency stop buttons and automatic skirt obstruction stop. For power dumbwaiters, includes hoistway door locking to keep doors closed except for floor where car is being loaded or unloaded.) 20.5.3, 21.5.3, 9.4	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K541	**Rubbish Chutes, Incinerators, and Laundry Chutes** 2012 EXISTING Rubbish chutes are installed per section 9.5: ☐Walls, partitions, and inlet openings meet the requirements of 8.3. ☐Doors of chutes open to a room designed exclusively for accessing the chute opening. ☐Room used for accessing the chute opening(s) are separated from other spaces per 8.7. ☐Chutes shall be permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected and the room is not used for storage. **OR** Existing installations having properly enclosed and maintained chute openings shall be permitted to have inlets open to a corridor or normally occupied space. 21.5.4, 9.5, NFPA 82	☐	☐	☐	Click or tap here to enter text.
	2012 NEW Rubbish chutes are installed per section 9.5: ☐Walls, partitions, and inlet openings meet the requirements of 8.3. ☐Doors of chutes open to a room designed exclusively for accessing the chute opening. ☐Room used for accessing the chute opening(s) are separated from other spaces per 8.7. ☐Chutes shall be permitted to open into rooms not exceeding 400 cubic feet in size if the room is sprinkler protected and the room is not used for storage. ☐Maintenance and installation are per NFPA 82. 20.5.4, 9.5, NFPA 82	☐	☐	☐	Click or tap here to enter text.
	SECTION 6 – RESERVED				

ID PREFIX		MET	NOT MET	N/A	REMARKS
	SECTION 7 – OPERATING FEATURES				
K700	**Operating Features – Other** List in the REMARKS section any LSC Section 20.7 and 21.7 Operating Features requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included in Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.
K711	**Evacuation and Relocation Plan** There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 20/21.7.2.1.2 and provides for all of the fire safety plan components per 20/21.7.2.2. 20.7.1.1 through 20.7.1.3, 20.7.1.8 through 20.7.2.3.3 21.7.1.1 through 20.7.1.3, 21.7.1.8 through 20.7.2.3.3	☐	☐	☐	Click or tap here to enter text.
K712	**Fire Drills** Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 20.7.1.4 through 20.7.1.7, 21.7.1.4 through 21.7.1.7	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K741	**Smoking Regulations** Smoking regulations shall be adopted and shall include not less than the following provisions: (1)Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 20.7.4, 21.7.4	☐	☐	☐	Click or tap here to enter text.
K751	**Draperies, Curtains, and Loosely Hanging Fabrics** Draperies, curtains including cubicle curtains and loosely hanging fabric or films shall be in accordance with 10.3.1. Excluding curtains and draperies at showers and baths. 20.7.5.1 through 20.7.5.3, 21.7.5.1 through 21.7.5.3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K752	**Upholstered Furniture and Mattresses** Newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3, unless the building is fully sprinklered. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4, unless the building is fully sprinklered. Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered. Newly introduced upholstered furniture and mattresses means purchased on or after the LSC final rule effective date. 20.7.5.2, 20.7.5.3, 21.7.5.2, 21.7.5.3	☐	☐	☐	Click or tap here to enter text.
K753	**Combustible Decorations** Combustible decorations shall be prohibited unless one of the following is met: •Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. •Decorations meet NFPA 701. •Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. •The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 20.7.5.4, 21.7.5.4	☐	☐	☐	Click or tap here to enter text.
K754	**Soiled Linen and Trash Containers** Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. 20.7.5.5, 21.7.5.5	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K761	**Maintenance, Inspection & Testing - Doors** Fire doors assemblies are inspected and tested annually in accordance with NFPA 80 *Standard for Fire Doors and Other Opening Protectives*. Fire doors that are not located in required fire barriers, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 20.7.6, 21.7.6, 8.3.3.1 (LSC), 5.2. 5.2.3 (NFPA 80)	☐	☐	☐	Click or tap here to enter text.
K771	**Engineered Smoke Control Systems** When installed, engineered smoke control systems are tested in accordance with established engineering principles. Test documentation is maintained on the premises. 20.7.7.1 through 20.7.7.3, 21.7.7.1 through 21.7.7.3	☐	☐	☐	Click or tap here to enter text.
K781	**Portable Space Heaters** Portable space heating devices shall be prohibited in all health care occupancies. Except, when used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 20.7.8, 21.7.8	☐	☐	☐	Click or tap here to enter text.
K791	**Construction, Repair, and Improvement Operations** Construction, repair, and improvement operations shall comply with 4.6.10. Any means of egress in any area undergoing construction, repair, or improvements shall be inspected daily to ensure its ability to be used instantly in case of emergency and compliance with NFPA 241. 20.7.9.1, 20.7.9.2, 21.7.9.1, 21.7.9.2	☐	☐	☐	Click or tap here to enter text.
	PART II – HEALTH CARE FACILITIES CODE REQUIREMENTS				
K900	**Health Care Facilities Code – Other** List in the REMARKS section, any NFPA 99 requirements (excluding Chapter 7, 8, 12, and 13) that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Health Care Facilities Code or NFPA standard citation, should be included on Form CMS-2567.	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K901	**Fundamentals – Building System Categories** Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K902	**Gas and Vacuum Piped Systems – Other** List in the REMARKS section, any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 5 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K903	**Gas and Vacuum Piped Systems – Categories** Medical gas, medical air, surgical vacuum, WAGD, and air supply systems are designated: ☐Category 1. Systems in which failure is likely to cause major injury or death. ☐Category 2. Systems in which failure is likely to cause minor injury. ☐Category 3. Systems in which failure is not likely to cause injury, but can cause discomfort. Deep sedation and general anesthesia are not to be administered using a Category 3 medical gas system. 5.1.1.1, 5.2.1, 5.3.1.1, 5.3.1.5 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K904	**Gas and Vacuum Piped Systems – Warning Systems** All master, area, and local alarm systems used for medical gas and vacuum systems comply with appropriate Category warning system requirements, as applicable. 5.1.9, 5.2.9, 5.3.6.2.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K905	**Gas and Vacuum Piped Systems – Central Supply System Identification and Labeling** Containers, cylinders and tanks are designed, fabricated, tested, and marked in accordance with 5.1.3.1.1 through 5.1.3.1.7. Locations containing only oxygen or medical air have doors labeled with "Medical Gases, NO Smoking or Open Flame". Locations containing other gases have doors labeled "Positive Pressure Gases, NO Smoking or Open Flame, Room May Have Insufficient Oxygen, Open Door and Allow Room to Ventilate Before Opening. 5.1.3.1, 5.2.3.1, 5.3.10 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K906	**Gas and Vacuum Piped Systems – Central Supply System Operations** Adaptors or conversion fittings are prohibited. Cylinders are handled in accordance with 11.6.2. Only cylinders, reusable shipping containers, and their accessories are stored in rooms containing central supply systems or cylinders. No flammable materials are stored with cylinders. Cryogenic liquid storage units intended to supply the facility are not used to transfill. Cylinders are kept away from sources of heat. Valve protection caps are secured in place, if supplied, unless cylinder is in use. Cylinders are not stored in tightly closed spaces. Cylinders in use and storage are prevented from exceeding 130 degrees Fahrenheit, and nitrous oxide and carbon dioxide cylinders are prevented from reaching temperatures lower than manufacture recommendations or 20 degrees Fahrenheit. Full or empty cylinders, when not connected, are stored in locations complying with 5.1.3.3.2 through 5.1.3.3.3, and are not stored in enclosures containing motor-driven machinery, unless for instrument air reserve headers. 5.1.3.2, 5.1.3.3.17, 5.1.3.3.1.8, 5.1.3.3.4, 5.2.3.2, 5.2.3.3, 5.3.6.20.4, 5.6.20.5, 5.3.6.20.7, 5.3.6.20.8, 5.3.6.20.9 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K907	**Gas and Vacuum Piped Systems – Maintenance Program** Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K908	**Gas and Vacuum Piped Systems – Inspection and Testing Operations** The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K909	**Gas and Vacuum Piped Systems – Information and Warning Signs** Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (Table 5.1.11), and operating pressure if other than standard. Labels are at intervals not more than 20 feet, are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency. 5.1.14.3, 5.1.11.1, 5.1.11.2, 5.2.11, 5.3.13.3, 5.3.11 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K910	**Gas and Vacuum Piped Systems – Modifications** Whenever modifications are made that breach the pipeline, any necessary installer and verification test specified in 5.1.2 is conducted on the downstream portion of the medical gas piping system. Permanent records of all tests required by system verification tests are maintained. 5.1.14.4.1, 5.1.14.4.6, 5.2.13, 5.3.13.4.3 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K911	**Electrical Systems – Other** List in the REMARKS section, any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K912	**Electrical Systems – Receptacles** Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K913	**Electrical Systems – Wet Procedure Locations** Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment conducted by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection. 6.3.2.2.8.4, 6.3.2.2.8.7, 6.4.4.2	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K914	**Electrical Systems – Maintenance and Testing** Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For, LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K915	**Electrical Systems – Essential Electric System Categories** ☐Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. ☐General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1or Type 2 EES. ☐Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K916	**Electrical Systems – Essential Electric System Alarm Annunciator** A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K917	**Electrical Systems – Essential Electric System Receptacles** Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking. 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K918	**Electrical Systems – Essential Electric System Maintenance and Testing** The generator or other alternate power source and associated equipment is capable of supplying service within 10-seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for four continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	☐	☐	☐	Click or tap here to enter text.
K919	**Electrical Equipment – Other** List in the REMARKS section, any NFPA 99 Chapter 10, *Electrical Equipment*, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K020	**Electrical Equipment – Power Cords and Extension Cords** Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	☐	☐	☐	Click or tap here to enter text.
K921	**Electrical Equipment – Testing and Maintenance Requirements** The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	☐	☐	☑	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K922	**Gas Equipment – Other** List in the REMARKS section, any NFPA 99 Chapter 11 Gas Equipment requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 11 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K923	**Gas Equipment – Cylinder and Container Storage Greater than or equal to 3,000 cubic feet** Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. **Greater than 300 but less than 3,000 cubic feet** Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. **Less than or equal to 300 cubic feet** In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of ≤ 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K924	**Gas Equipment – Testing and Maintenance Requirements** Anesthesia apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas and an oxygen analyzer is used to verify oxygen concentration. Defective equipment is immediately removed from service. Areas designated for servicing of oxygen equipment are clean and free of oil, grease, or other flammables. Manufacturer service manuals are used to maintain equipment and a scheduled maintenance program is followed. 11.4.1.3, 11.5.1.3, 11.6.2.5, 11.6.2.6 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K925	**Gas Equipment – Respiratory Therapy Sources of Ignition** Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside of a patient's room, no sources of ignition are within in the site of intentional expulsion (1-foot). When other oxygen deliver equipment is used or oxygen is delivered inside a patient's room, no sources of ignition are within the area are of administration (15-feet). Solid fuel-burning appliances is not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. 11.5.1.1, TIA 12-6 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K926	**Gas Equipment – Qualifications and Training of Personnel** Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K927	**Gas Equipment – Transfilling Cylinders** Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, *Transfilling of High Pressure Gaseous Oxygen Used for Respiration*. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K928	**Gas Equipment – Labeling Equipment and Cylinders** Equipment listed for use in oxygen-enriched atmospheres are so labeled. Oxygen metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL". Flowmeters, pressure reducing regulators, and oxygen-dispensing apparatus are clearly and permanently labeled designating the gases for which they are intended. Oxygen-metering equipment, pressure reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier. Cylinders and containers are labeled in accordance with CGA C-7. Color coding is not utilized as the primary method of determining cylinder or container contents. All labeling is durable and withstands cleaning or disinfecting. 11.5.3.1 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K929	**Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds** Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99). 11.6.2 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K930	**Gas Equipment – Liquid Oxygen Equipment** The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99). 11.7 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

ID PREFIX		MET	NOT MET	N/A	REMARKS
K931	**Hyperbaric Facilities** All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA99. Chapter 14 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K932	**Features of Fire Protection – Other** List in the REMARKS section, any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.
K933	**Features of Fire Protection – Fire Loss Prevention in Operating Rooms** Periodic evaluations are made of hazards that could be encountered during surgical procedures, and fire prevention procedures are established. When flammable germicides or antiseptics are employed during surgeries utilizing electrosurgery, cautery or lasers: • packaging is non-flammable. • applicators are in unit doses. • Preoperative "time-out" is conducted prior the initiation of any surgical procedure to verify: o application site is dry prior to draping and use of surgical equipment. o pooling of solution has not occurred or has been corrected. o solution-soaked materials have been removed from the OR prior to draping and use of surgical devices. o policies and procedures are established outlining safety precautions related to the use of flammable germicide or antiseptic use. Procedures are established for operating room emergencies including alarm activation, evacuation, equipment shutdown, and control operations. Emergency procedures include the control of chemical spills, and extinguishment of drapery, clothing and equipment fires. Training is provided to new OR personnel (including surgeons), continuing education is provided, incidents are reviewed monthly, and procedures are reviewed annually. 15.13 (NFPA 99)	☐	☐	☐	Click or tap here to enter text.

THE AMERICAN ASSOCIATION FOR ACCREDITATION

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