Exhibit 351

ASC INFECTION CONTROL SURVEYOR WORKSHEET

(Rev. 95, Issued: 12-12-13, Effective: 06-07-13, Implementation: 06-07-13)

Name of State Agency or AO (please *specify*) _____

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, unless the ASC is a low volume ASC with no procedures scheduled 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 Form CMS-2567 when deficient practices are observed.

PART 1 – ASC CHARACTERISTICS

1. ASC Name _____

2. Address, State and Zip Code

_____
Address

_____
City State Zip

3. 10-digit CMS Certification Number | | | | | | | | | | |

4. What year did the ASC open for operation? | | | | |
y y y y

5. Please list date(s) of site visit: | | / | | / | | | | | to | | / | | / | | | | |
m m / d d / y y y Y to m m / d d / y y y y

6. What was the date of the most recent previous federal (CMS) survey: | | / | | / | | | | |
m m / d d / y y y y

7. Does the ASC participate in Medicare via accredited "deemed" status?
- ○ YES
- ○ NO

7a. If YES, by which CMS-recognized accreditation organization*(s)*?
- ○ Accreditation Association for Ambulatory Health Care (AAAHC)
- ○ American Associate for Accred. of Ambulatory Surgery Facilities (AAAASF)
- ○ American Osteopathic Association (AOA)
- ○ The Joint Commission (TJC)

7b. If YES, according to the ASC, what was the date of the most | | / | | / | | | | |
m m / d d / y y y y

8. What is the ownership of the facility? ***(SELECT only ONE bubble)***

- ○ Physician-owned
- ○ Hospital-owned
- ○ National corporation (including joint ventures with physicians)
- ○ Other (please *specify*): _____

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 bubble)

- ○ Dental
- ○ Endoscopy
- ○ Ear/Nose/Throat
- ○ OB/Gyn
- ○ Ophthalmologic
- ○ Orthopedic
- ○ Pain
- ○ Plastic/reconstructive
- ○ Podiatry
- ○ Other (**please *specify***): _____

10. What additional procedures are performed at the ASC? (***Select*** **all that apply)**
Do not include the procedure type indicated in question 9.

- ○ Dental
- ○ Endoscopy
- ○ Ear/Nose/Throat
- ○ OB/Gyn
- ○ Ophthalmologic
- ○ Orthopedic
- ○ Pain
- ○ Plastic/reconstructive
- ○ Podiatry
- ○ Other (**please specify**): _____
- ○ *N/A*

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

- ○ Pediatric patients only
- ○ Adult patients only
- ○ Both pediatric and adult patients

12. What is the average number of procedures performed at the ASC **per month**?

						per month

13. How many Operating Rooms (including procedure rooms) does the ASC have?

○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9+

Number actively maintained:

○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9+

14. Please indicate how the following services are provided: **(*select* all that apply)**

	Contract	Employee	Other	**If Other, *please specify*:**
Anesthesia*/Analgesia*	○	○	○	
Environmental Cleaning	○	○	○	
Linen	○	○	○	
Nursing	○	○	○	
Pharmacy	○	○	○	
Sterilization/Reprocessing	○	○	○	

Waste Management	○	○	○	

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.

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.

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.*

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

○ CDC/HICPAC Guidelines:
- ○ Guideline for Isolation Precautions (CDC/HICPAC)
- ○ Hand hygiene (CDC/HICPAC)
- ○ Disinfection and Sterilization in Healthcare Facilities (CDC/HICPAC)
- ○ Environmental Infection Control in Healthcare Facilities (CDC/HICPAC)

○ Perioperative Standards and Recommended Practices (AORN)

○ Guidelines issued by a specialty surgical society / organization (List)

Please specify (please limit to the space provided):

○ Others

Please specify (please limit to the space provided):

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.

17a. If YES, Is this person an:
(***Select*** **only ONE bubble**)

○ ASC employee
○ ASC contractor

17b. Is this person certified in infection control (i.e., CIC) (Note: §416.50(b)(1) does **not** require that the individual be certified in infection control.)

○ YES
○ NO

17c. If this person is **NOT** certified in infection control, what type of infection control training has this person received?

17d. On average, how many hours per week does this person spend in the ASC directing the infection control program?

		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.)

18. Does the ASC have a system to actively identify infections that may have been related to procedures performed at the ASC?
NOTE! If the ASC does not have a documented identification system, a deficiency related to 42 CFR 416.51(b)(3) must be cited.

○ YES
○ NO

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 follows-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***):

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 CFR 416.51(b)(3) **must** be cited.

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.

19. Do staff members receive infection control training?
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.

- ○ YES
- ○ NO

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

- ○ In-service
- ○ Computer-based training
- ○ Other (**please *specify***):

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***):

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***):

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).

20. How many procedures were observed during the site visit?

○ 1 ○ 2 ○ 3 ○ 4 ○ Other

If other, **please *specify* the number**: [ ][ ] procedures

PART 2 – INFECTION CONTROL & RELATED PRACTICES

INSTRUCTIONS:

- Please ***select*** **ONE bubble** for each "Was Practice Performed?" and "Manner of Confirmation" question, unless otherwise noted.
- If N/A is ***selected***, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.

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. Interviews are used primarily to provide additional evidence for what the surveyor has observed, but may in some cases substitute for direct observation to support a citation of deficient practice.

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).*

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. All patient care areas have: Note: 42 CFR 416.51(a) should be cited only if the answer to both a and b is "No."		
a. Soap and water available	○ Yes ○ No	○ Observation ○ Interview ○ Both
b. Alcohol-based hand rubs available	○ Yes ○ No	○ Observation ○ Interview ○ Both
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)**	○ Yes ○ No	
B. Staff perform hand hygiene:		
a. After removing gloves	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. Before direct patient contact	○ *Yes* ○ *No* ○ *N/A*	○ *Observation* ○ *Interview* ○ *Both*
*c. A*fter direct patient contact	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
d. Before *performing invasive procedures (e.g. placing an IV)*	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
e. After contact with blood, body fluids, or contaminated surfaces (even if gloves are worn)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
C. Regarding gloves, staff:		
a. Wear gloves for procedures that might involve contact with blood or body fluids	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. Wear gloves when handling potentially contaminated patient equipment	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
c. Remove gloves before moving to the next tasks and/or patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
D. Additional breaches in hand hygiene, not captured by the questions above, were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	

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).*

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. Needles are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
B. Syringes are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
C. The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	○ *Yes* ○ *No* ○ *N/A*	○ *Observation* ○ *Interview* ○ *Both*
D. Medication vials are always entered with a new needle	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
E. Medication vials are always entered with a new syringe	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
F. Medications that are pre-drawn are labeled with the *date and* time of draw, initials of the person drawing, medication name, strength and *discard* 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	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
G. a. Single dose (single-use) medication vials are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. Manufactured prefilled syringes are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
c. Bags of IV solutions are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
d. Medication administration tubing and connectors are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
H. Multi-dose injectable medications are used for only one patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

(Note: a "No" answer here is not necessarily a breach in infection control 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).

(Fill in N/A if no multi-dose medications/infusates are used).

If YES, please skip to "*K*"

If NO, please answer "*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. 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 discard 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.	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
J. Multi-dose medications **used for more than one patient** are *stored and accessed away from* the immediate areas where direct patient contact occurs	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
K. All sharps are disposed of in a puncture-resistant sharps container	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
L. Sharps containers are replaced when the fill line is reached	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
M. Additional breaches in injection practices, not captured by the questions above were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	

III. 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).*

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)

Practices to be Assessed		Was Practice Performed?	Manner of Confirmation
A.	a. If single-use devices are reprocessed, they are devices that are approved by the FDA for reprocessing	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
	b. If single-use devices are reprocessed, they are reprocessed by an FDA-approved reprocessor.	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

STERILIZATION

A. Critical equipment is sterilized	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
B. Are sterilization procedures performed on-site? **(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 for off-site sterilization by viewing it)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

a. **If YES to B**, please indicate method of sterilization:

○ Steam autoclave

○ Peracetic acid

○ Other (**please *specify***):

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
C. Items are pre-cleaned according to manufacturer's instructions or evidence-based guidelines prior to sterilization	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
D. a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before packaging and sterilization	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. A chemical indicator is placed in each load	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
c. A biologic indicator is performed at least weekly and with all implantable loads	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
d. Each load is monitored with mechanical indicators (e.g. time, temperature, pressure)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
e. Documentation for each piece of sterilization equipment is maintained and up to date and includes results from each load	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
E. Items are appropriately contained and handled during the sterilization process to assure that sterility is not compromised prior to use	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
F. After sterilization, medical devices and instruments are stored in a designated clean area so that sterility is not compromised	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
G. Sterile packages are inspected for integrity and compromised packages are reprocessed	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
H. Additional breaches in sterilization practices not captured by the questions above were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	

HIGH-LEVEL DISINFECTION		
Practices to be Assessed	**Was Practice Performed?**	**Manner of Confirmation**
A. Semi-critical equipment is high-level disinfected or sterilized	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
B. Is high-level disinfection performed on site? **(If NO, Skip to "F")**	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

(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***):	
C. Items are pre-cleaned according to manufacturer's instructions or evidence-based guidelines prior to high-level disinfection	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
D. a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before high-level disinfection	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. High-level disinfection equipment is maintained according to manufacturer instructions	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
c. Chemicals used for high-level disinfection are:		
I. Prepared according to manufacturer instructions	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
II. Tested for appropriate concentration according to manufacturer's instructions	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
III. Replaced according to manufacturer's instructions	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
IV. Documented to have been prepared and replaced according to manufacturer's instructions	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
d. Instruments requiring high-level disinfection are:		
I. Disinfected for the appropriate length of time as specified by manufacturer's instructions or evidence-based guidelines	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
II. Disinfected at the appropriate temperature as specified by manufacturer's instructions *or* evidence-based guidelines	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
E. Items that undergo high-level disinfection are allowed to dry before use	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
F. Following high-level disinfection, items are stored in a designated clean area in a manner to prevent contamination	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
G. Additional breaches in high-level disinfection practices, not captured by the questions above were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	

IV. Environmental Infection Control

Observations are to be made of staff *performing* environmental cleaning (e.g., surgical technicians, cleaning staff, etc.)

*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).*

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. Operating rooms are cleaned and disinfected after each surgical or invasive procedure with an EPA-registered disinfectant	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
B. Operating rooms are terminally cleaned daily	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
C. High-touch surfaces in patient care areas are cleaned and disinfected with an EPA-registered disinfectant	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
D. The ASC has a procedure in place to decontaminate gross spills of blood	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
E. Additional breaches in environmental cleaning not captured by the questions above were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	

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

Observations are to be made of staff *performing* fingerstick testing (e.g., nurses)

If N/A is *selected*, please clarify in the comments box below why it was not applicable or not observed.

*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).*

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
1. Does the ASC have a *point of care device, such as a* blood glucose meter? **If NO, STOP HERE.**	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
A. A new single-use, auto-disabling lancing device is used for each patient	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
B. *If used for more than one patient, the point of care device is cleaned and disinfected after every use according to manufacturer's instructions.* *Note: If the manufacturer does not provide instructions for cleaning and disinfection, then the device must not be used for more than one patient.*	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
C. Additional breaches in appropriate use of point of care devices (like glucose meters) not captured by the questions above were identified (If YES, **please specify** further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please *specify*)**	