

# AAAASF MEDICARE



ASC

*Standards and Checklist*



**AMERICAN ASSOCIATION FOR  
ACCREDITATION OF  
AMBULATORY SURGERY FACILITIES, INC.**



**Medicare Standards and Checklist for Accreditation of Ambulatory Surgery  
Facilities Version 6.5 • Approved by CMS September 8,2014**

© 2014 Publication  
American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

This page intentionally left blank

## **The Accreditation Program**

**The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF)** is an accreditation program certifying to the medical community and the lay community at large that a surgical facility meets nationally recognized standards. The accreditation program is operated by physicians who set and evaluate the standards under the direction of a Board of Directors. AAAASF strives for the highest standards of excellence for its accredited facilities by regularly revising and updating its requirements for patient safety and quality of care.

### **Basic Mandates**

- Changes in facility ownership must be reported to the AAAASF Office within thirty days.
- Any death occurring in an accredited facility, or any death occurring within thirty days of a surgical procedure performed in an accredited facility, must be reported to the AAAASF office within five business days after the facility is notified, or otherwise becomes aware of that death. An unannounced survey may be conducted by AAAASF.

### **Inspection**

The facility is surveyed initially and every three years thereafter. The facility surveyor will review in a didactic fashion any deficiencies with the facility director and forward the Summary Statement of Deficiency to the AAAASF Office. To be accredited by AAAASF, the facility must meet every standard for its Class (A, B, C-M or C).

### **Self Evaluation**

The facility is evaluated by the facility director each year between surveys and the completed Medicare Standards and Checklist Booklet is sent to the AAAASF Office. A facility's AAAASF accreditation remains valid if it continues to meet every standard for its Class (A, B, C-M or C). Otherwise, Medicare accreditation is revoked.

### **Denial or Loss of Accreditation**

The AAAASF may deny or revoke accreditation of a facility if the facility fails to satisfy every standard. If any medical professional providing services at the facility:

- (A) Has had his/her privileges to perform surgery restricted or limited by any hospital in which the surgeon has privileges related in any way to lack of clinical competence, ethical issues, refusal to take emergency call, or professional problems other than perceived or real economic competition.
- (B) Has been found to be in violation of the Code of Ethics of any professional society or association.
- (C) Has had his/her right to practice medicine and surgery limited, suspended, terminated or otherwise affected by any state, providence, or country or if he/she has been disciplined by any medical licensing authority. non-reporting of any of the above.
- (D) Non-reporting of any of the above to the AAAASF office.

### **Hearing**

In case of a dispute, the Accreditation Committee may order a re-survey of the facility or the Facility Director may request a re-survey from the AAAASF Board of Directors.

Any facility whose accreditation has been revoked or denied by AAAASF shall have the right to a Hearing at which it may present such information as it deems advisable to show that it has satisfied the requirements for accreditation. The appeal process is described in the AAAASF Bylaws, available from the AAAASF Office.

**If revocation is upheld after appeal, the facility must wait a period of one year from the date of revocation before re-applying for accreditation.**

### **Accreditation Review Prior to Revocation of Accreditation**

The AAAASF may place a facility on Review Status upon receiving information that a state board has taken action, or begun formal proceedings which may result in it taking action against a license of a surgeon at the facility, or the Board of Directors determining that the facility may no longer meet AAAASF standards for accreditation. A facility that has been placed on Review Status will remain in such status pending an expedited investigation and possible Hearing conducted in accordance with AAAASF procedures available from the AAAASF Office.

## **Special Instructions for Medicare Accreditation**

**Please Note:** Medicare applicants must meet all standards for the facility class they apply for (A, B, C-M, and C) and all additional Medicare Standards at the end of each section.

### **FOR THE APPLICANT**

For the on-site Survey:

Please complete all forms in the front of the standards and checklist booklet and submit to the AAAASF office along with all required credentials for review. Medicare requires that an independent Fire Safety Specialist contracted by AAAASF perform a Life Safety Code inspection in accordance with the NFPA 2000 Life Safety Codes and a report must be submitted to AAAASF. A copy of the report will be provided to the ASC. The ASC must correct any deficiencies noted by the Fire Safety Specialist prior to the Medicare survey. The Fire Safety Specialist will review any corrections and make the final determination for compliance. The ASC is responsible for all costs related to the Life Safety Code Inspection.

### **MEDICAL STAFF QUALIFICATIONS**

All individuals using the facility must be Board Certified or Board eligible physicians in an American Board of Medical Specialties (ABMS) medical or surgical specialty, or may be podiatrists certified by the American Board of Podiatric Surgery (ABPS).

ABMS certified or eligible medical specialists who perform procedures within the accredited facility may only perform those procedures delineated in their ABMS Board Certification and/or covered by AMA Core Principle #7. Podiatrists may only perform in an AAAASF accredited facility those procedures for which they hold valid and unrestricted hospital privileges (or Core Privileges) in their specialty at a duly accredited and/or licensed hospital, or which are delineated in their American Board of Podiatric Surgery (ABPS) Certification. If, however, the privilege-granting hospital does not possess equipment or technology similar to that available at the ambulatory facility, alternate evidence of appropriate training and competence must be provided. Individual consideration will also be given if the Physician can satisfactorily demonstrate that the loss of or inability to maintain such privileges was NOT related in any way to lack of clinical competence, ethical issues, refusal to take emergency call, or professional problems other than perceived or real economic competition.

If the physician or health care provider practices in a specialty that does not normally require hospital privileges, they may only perform in the AAAASF accredited facility those procedures generally accepted by the Board of their specialty and covered by their Board-approved scope of practice.

### **MEDICARE INSPECTION**

The initial survey is performed by a team of inspectors after the ASC has performed 15 surgical procedures, which can be any combination of Medicare and non-Medicare procedures, in order for the inspection team to review medical records and peer-review documentation, and perform a thorough inspection.

The AAAASF accreditation committee awards the ASC a three year term of accreditation when it has determined that the inspection findings are accurate, the ASC has proven a commitment to provide high quality care and services, and concludes that the ASC is in compliance with all Medicare conditions for coverage, State and Federal regulations, and AAAASF standards.

### **SELF EVALUATION**

The facility is evaluated by the facility director each year between inspections and the completed Medicare Standards and Checklist booklet is sent to the AAAASF Office. A facility's AAAASF Medicare accreditation remains valid if it continues to meet every standard for its Class (A, B, C-M, or C). Otherwise, Medicare accreditation is revoked.

## **Policy for Survey Medical Record Review**

Medical record review is conducted as part of the Medicare survey process. The lead surveyor must ensure that a random sample of medical records is reviewed. The following criteria must be met when performing medical record review during a site survey:

The ASC is required to produce a log or other record of close cases for the previous six month period and the lead surveyor will select a sample of medical records to review. A sample of both open and closed cases must be reviewed.

The sample selected must represent a cross section of the cases performed at the ASC and include both Medicare beneficiaries and non-Medicare patients.

The minimum number of records selected for review is 20 for an ASC with a monthly case volume exceeding 50 and 10 for lower volume ASCs. The total number of records within the six month case period must be noted on the review form. If deficient practices are noted during the records review, the survey team should request additional record samples to substantiate the findings documented from the initial sample.

A Medical Record Review Form is provided to the survey team by AAAASF. The review form must be completed for ALL records that are reviewed with findings noted. If the team reviews additional records, the team must copy the form and document every record that was included in the sample review. The total number of medical records reviewed must be documented on the form to ensure that the policy has been adhered to.

## **Policy for Survey Personnel Record Review**

The ASC must produce a complete list of all employees. The lead surveyor must ensure that a random sample of personnel records is reviewed.

The minimum number of records selected for review is 50% of the total number of personnel records. If deficient practices are noted during the records review, the survey team should request additional record samples to substantiate the findings documented from the initial sample. If an egregious number of deficient practices are noted, the survey team must document whether the deficiencies constitute a condition level area of non-compliance.

Surveyor Instructions:

**Citation**

Include the facts and findings relevant to the deficient practice must answer the questions: who, what, where, when, and how. Illustrate the entity's noncompliance with the requirement. The deficiency citation must clearly and legibly explain how the entity fails to comply with the regulatory requirements, not how it fails to comply with any guidelines for the interpretation of those requirements. Wherever possible, supply a numerator and denominator to demonstrate how systemic a deficiency is, for example "4/6 Medical records failed to include an informed consent". Refer to the CMS Principles of Documentation for further instruction.

The citation must include a determination of whether the deficiency constitutes Standard or Condition Level Noncompliance. Condition level noncompliance is substantial noncompliance that requires additional surveys to ensure compliance before can be recommended or approved.

**Official Forms**

Surveyors may not submit custom surveyor materials as the surveyor report to the AAAASF office. The requirement for surveyor report submission is specific to the official AAAASF surveyor materials, which must be completed in full according to AAAASF surveyor guidelines and policies. Any custom materials are only considered to be in support of or as supplements to the official materials. All forms must be completed in ink.

When scoring, please use a clear check mark (✓) to indicate your scoring decision.

**Record Review**

The survey process requires the completion of two record review components, personnel record review and clinical record review. The AAAASF staff has gathered the appropriate information, such as the monthly case load and number of employees, from the facility to establish the facility specific requirements for both record review components. Please review, at a minimum, the number of record reviews indicated on the review form provided in this manual. You may ask for additional records to facilitate a determination of whether a deficient practice is a rare occurrence or a systemic problem. Please make additional copies of forms as needed and document your findings.

When completing review worksheets simply fill in the circle corresponding to the appropriate answer to document your findings. Please refrain from using symbols and other notes. For any file component that is noncompliant for one or more files, the corresponding standard must be cited as deficient and a deficiency form must be completed.

When conducting the Personnel Record Review please also verify that the number of facility employees matches the number listed on the Personnel Record Review Form.

### **Error Corrections**

The AAAASF Surveyor Manual is an official record as such all surveyor notations must be made in ink, corrections and revisions must also be made consistent with AAAASF procedures. Any errors or revisions to narrative or scoring must be corrected using a single horizontal strikethrough with the initials of the surveyor and date of the revision. Do not use liquid paper, scribble out, or "X" over errors or revisions.

JD  
Example: 100.010.065 ✓ Compliant ✓ Deficient

### **Extension Site Surveys (OPT Only)**

When conducting a survey for an Extension Location, please fully complete the surveyor manual and all appropriate worksheets. If a standard pertains to a function or service not provided at the particular site being surveyed, mark the standard as "Compliant" in the Surveyor Manual for that location. For example if the site does not employ an occupational therapist, all standards relating to the qualifications and duties of an occupational therapist must be marked "Compliant".

## TABLE OF CONTENTS

### ASC Standards and Checklist Version 6.5

	Page #
100- Basic Mandates	1
200- Operating Room Policy, Environment and Procedures	9
300-Recovery Room Environment, Policy and Procedures	38
400- General Safety in the Facility	51
500- IV Fluids and Medications	68
600- Medical Records	77
700- Quality Assessment/Quality Improvement	91
800- Personnel	108
900- Governance	121
1000- Anesthesia	129

This page intentionally left blank

**100****BASIC MANDATES****100.010      Basic Mandates****100.010.015      Compliant      Deficient      B,C-M,C**

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 12-24 hours, depending on the procedure and anesthesia used.

**100.010.020      Compliant      Deficient      A,B,C-M,C**

Changes in facility ownership must be reported to the AAAASF office within thirty (30) days of the change.

**100.010.025      Compliant      Deficient      A,B,C-M,C**

Any death occurring in an accredited facility, or any death occurring within thirty (30) days of a surgical 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 also be reported as an unanticipated operative sequela in the semi-annual Peer Review report. In the event of a death occurring within thirty (30) days of an operation done in an AAAASF accredited facility, an unannounced inspection may be done by a senior inspector.

**100.010.027      Compliant      Deficient      A,B,C-M,C**

AAAASF Patient's Rights should be posted, followed and promoted.

**100.010.030**     Compliant     Deficient    A,B,C-M,C

All individuals using the facility must meet one of the following criteria (throughout this document the terms physician, medicine and medical apply to both M.D. and D.O., and D.P.M. degrees):

1. A Doctor of Medicine certified or eligible for certification by one of the member boards of the American Board of Medical Specialties (ABMS).
2. A Doctor of Osteopathy certified or eligible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).
3. A podiatrist certified or eligible for certification by the American Board of Podiatric Surgery (ABPS)
4. An oral and maxillofacial surgeon certified or eligible for certification by the American Board of Oral and Maxillofacial Surgery (ABOMS)

---

**100.010.032**     Compliant     Deficient    A,B,C-M,C

The facility director is responsible for establishing and enforcing policies that protect patients. The director monitors all members of the medical and facility staff for compliance with this policy.

---

**100.010.035**     Compliant     Deficient    A,B,C-M,C

Every physician, podiatrist, and oral and maxillofacial surgeon operating in an AAAASF accredited facility must hold, or must demonstrate that they have held, unrestricted hospital privileges in their specialty at the nearest accredited and/or licensed acute care hospital in the area of the accredited facility for all operations that they perform within the facility. Only surgical procedures included in those hospital privileges may be performed within the AAAASF accredited facility. A physician must be present when anesthesia other than strictly local is being administered in Class B, Class C- M or Class C accredited.

---

**100.010.040**    Compliant    Deficient    A,B,C-M,C

Onsite AAAASF Inspections typically involve the attention of the facility Medical Director, the anesthesia provider, and the facility staff working intently with the AAAASF surveyor(s). The inspection process must remain focused, and therefore, AAAASF has directed that equipment representatives not be present during AAAASF's announced or unannounced inspections/surveys. Accreditation consultants may be present during the surveys; however AAAASF asks that consultants remain silent during the inspection process until it is completed. All AAAASF surveyor(s) have the authority to request any participants to leave the inspection process if interference becomes a problem.

AAAASF greatly appreciates the cooperation of all concerned parties by complying with this directive.

---

**100.010.045**    Compliant    Deficient    A

**Class A:**

In a Class A Facility, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia

- If oral medications are used, only minimal and moderate sedation levels are permitted in Class A Facilities.

- In a Class A Facility, no more than 500cc's of aspirate should be removed when performing liposuction.

- Class A Facilities must meet all Class A standards.

---

100.010.050      Compliant      \_\_\_\_\_Deficient      B

**Class B:**

In a Class B Facility, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Parenteral Sedation
4. Regional Anesthesia
5. Dissociative Drugs (excluding Propofol)

Agents 3 thru 5 may be administered by:

- A Physician
- A Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state or federal law, or by policy adopted by the facility
- An Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist
- A Registered Nurse, only under the supervision of a qualified physician

- The use of Propofol, Spinal Anesthesia, Epidural Anesthesia, Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia (including Nitrous Oxide) is prohibited in a Class B facility.

Class B Facilities must meet all Class A and Class B standards.

---

100.010.055

 Compliant Deficient

C-M

**Class C-M:**

In a Class C-M facility, all surgical, endoscopic and/or pain management procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Parenteral Sedation
4. Regional Anesthesia
5. Dissociative Drugs (including Propofol)
6. Spinal Anesthesia
7. Epidural Anesthesia

Agents 3 thru 5 may be administered by:

- A Physician
- A Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state or federal law, or by policy adopted by the facility
- An Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist
- A Registered Nurse only under the supervision of a qualified physician (excluding Propofol)

Propofol, Spinal Anesthesia and Epidural Anesthesia may be administered only by:

- A CRNA (under physician supervision if required by state or federal law or by policy adopted by the facility)
- An Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist
- An Anesthesiologist

- The use of Endotracheal Intubation Anesthesia, Laryngeal Mask Airway Anesthesia, and/or Inhalation General Anesthesia (including Nitrous Oxide) is prohibited in a Class C-M facility.

- Class C-M facilities must meet all Class A, Class B, and Class C-M standards.

100.010.060

 Compliant Deficient

C

**Class C:**

In a Class C facility all surgical, endoscopic, and/or pain management procedures may be performed under the following anesthesia:

1. Topical Anesthesia
2. Local Anesthesia
3. Parenteral Sedation
4. Regional Anesthesia
5. Dissociative Drugs (including Propofol)
6. Epidural Anesthesia
7. Spinal Anesthesia
8. General Anesthesia (with or without Endotracheal Intubation or Laryngeal Mask Airway Anesthesia)

Agents 3 thru 5 may be administered by:

- A Physician
- A Certified Registered Nurse Anesthetist (CRNA) under physician supervision if required by state or federal law, or by policy adopted by the facility
- An Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist
- A Registered Nurse only under the supervision of a qualified physician (excluding Propofol)

Propofol and agents 6 through 8 may be administered only by a:

- CRNA (under physician supervision if required by state or federal law or by policy adopted by the facility)
- An Anesthesia Assistant (as certified by the National Commission for the Certification of Anesthesiologist Assistants) under direct supervision of an Anesthesiologist
- An Anesthesiologist

- Class C facilities must meet all Class A, Class B, Class C-M, and Class C standards.

**100.010.065**       Compliant       Deficient      A,B,C-M,C

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 AMA Core Principle #7. 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 ABPS 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 certified 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.

**100.010.070**       Compliant       Deficient      A,B,C-M,C

Practitioners of Pain Management would be required to meet all of the following criteria:

1. Have an M.D. or D.O. degree
2. Appropriate fellowship training in pain management
3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology
4. Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS
5. 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 in the area 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.

**100.010.075**      Compliant      Deficient      A,B,C-M,C

Practitioners of Interventional Radiology would be required to meet all of the following criteria:

1. M.D. or D.O. degree
2. Board certification by the American Board of Radiology
3. Fellowship training as approved by the American Board of Radiology
4. Current certificate of added qualifications in Interventional/Vascular Radiology
5. 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 in the area 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.

---

**200                    OPERATING ROOM POLICY,  
ENVIRONMENT AND PROCEDURES**

**200.010            Operating Suite**

**200.010.005            Compliant            Deficient            B,C-M,C**

A policy for a "surgical pause" or a "time out" protocol is in place and practiced and documented prior to every surgical procedure.

This protocol should include:

Pre-operative verification process to include medical records, imaging studies, any implants identified and reviewed by the operating room team. Missing information or discrepancies must be addressed at this time.

Marking the 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. 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.

"Time Out" 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 procedure that involves laterality, or multiple structures.

**200.010.007            Compliant            Deficient            A,B,C-M,C**

The facility displays a professional appearance that is in keeping with a medical facility designed to carry out surgical procedures. The facility should be neat, comfortable and clean and should include a waiting area, business office, and sanitary lavatory facilities. One or more dedicated exam rooms should be available that provide for privacy and treatment in a sanitary, orderly environment.

## AAAASF Medicare 6.5

**200.010.010**     Compliant     Deficient    B,C-M,C

The ASC recovery room, waiting area and operating suite are physically and distinctly separate and segregated from the General Office Area (waiting room, exam room, administrative area, physician office, staff lounges, etc.)

**200.010.015**     Compliant     Deficient    B,C-M,C

The operating suite includes operating room(s), prep/scrub area, clean area, and/or dirty area, and recovery room.

**200.010.020**     Compliant     Deficient    B,C-M,C

There is a room which functions only as an operating room within the Operating Suite.

**200.010.025**     Compliant     Deficient    A

An exam room may function as an operating room.

**200.010.035**     Compliant     Deficient    A,B,C-M,C

(1) each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.

416.44.a.1 Standard

**200.010.050**     Compliant     Deficient    A,B,C-M,C

The operating room(s) is adequately ventilated and temperature controlled between 68 and 72 degrees Fahrenheit.

**200.010.061**     Compliant     Deficient    A,B,C-M,C

The O.R. storage space is: Adequate to hold necessary equipment, sterile 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.

---

**200.010.062**     Compliant     Deficient    A,B,C-M,C

The O.R. Storage space: Provides easy access for identification and inventory of supplies.

**200.010.063**     Compliant     Deficient    A,B,C-M,C

The O.R. storage space is: Properly cleaned, maintained and free of litter and clutter.

**200.010.070**     Compliant     Deficient    A,B,C-M,C

Each operating room is of a size adequate to allow for the presence of all equipment and personnel necessary for the performance of the surgical procedures, and must comply with the applicable local, state or federal requirements. Additionally, all facilities newly accredited after 3/1/04 must have a minimum of 4 feet (48 inches) of clear space on each side of the O.R. table to accommodate emergency personnel and equipment in case of emergency, and permit the safe transfer of the patient to a gurney for transport.

-or-

Facility personnel can physically demonstrate to the inspector that the emergency criteria, as stated above, can be met in the operating room space available.

**200.010.071**     Compliant     Deficient    A,B,C-M,C

Each operating room: Has wiring that complies with original manufacturer's specifications or better as demonstrated by no overloaded wall plugs or extensions, no altered grounding plugs and wires not being broken, worn or unshielded.

---

## AAAASF Medicare 6.5

**200.010.072**       Compliant       Deficient      A,B,C-M,C

Each operating room: Has appropriate lighting.

---

**200.010.080**       Compliant       Deficient      A,B,C-M,C

Unauthorized lay individuals are deterred from entering the operating room or operating room suite either by locks, alarms, or facility personnel.

---

**200.020**      **Sterilization**

**200.020.010**       Compliant       Deficient      A,B,C-M,C

The facility has at least one autoclave which utilizes high pressure steam and heat.

**200.020.011**       Compliant       Deficient      A,B,C-M,C

Additional methods can be chemical autoclave (chemclave) or gas (ethylene oxide) sterilizer.

**200.020.012**       Compliant       Deficient      A,B,C-M,C

Gas sterilizers must be vented if appropriate for the specific sterilizer.

**200.020.020**       Compliant       Deficient      A,B,C-M,C

All instruments used in patient care are properly sterilized where applicable.

**200.020.030**       Compliant       Deficient      A,B,C-M,C

High-level disinfection is used only for non-autoclavable endoscopic equipment and in areas that are categorized as semi-critical in which contact will be made with mucus membrane or other body surfaces that are not normally to be considered sterile. At all times the manufacturers recommendation for usage should be followed.

**200.020.040**       Compliant       Deficient      A,B,C-M,C

A weekly spore test is performed and the results filed for each autoclave.

## AAAASF Medicare 6.5

**200.020.050**     Compliant     Deficient    A,B,C-M,C

If spore test is positive, there is a protocol for appropriate remedial action.

**200.020.060**     Compliant     Deficient    A,B,C-M,C

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.

**200.0200.70**     Compliant     Deficient    A,B,C-M,C

If a sterilizer produces monitoring records, they are reviewed by appropriate personnel and stored for a minimum of three years.

**200.020.071**     Compliant     Deficient    A,B,C-M,C

Sterilizers have appropriately maintained logs for all routine checks.

**200.020.080**     Compliant     Deficient    A,B,C-M,C

Sterile supplies are: Stored in closed cabinets/drawers or if not, away from heavy traffic areas.

**200.020.081**     Compliant     Deficient    A,B,C-M,C

Sterile supplies are: Stored away from potential contamination hazards.

**200.020.090**     Compliant     Deficient    A,B,C-M,C

Sterile supplies are: Appropriately labeled indicating sterility.

## AAAASF Medicare 6.5

**200.020.091**     Compliant     Deficient    A,B,C-M,C

Sterile supplies are: Appropriately packaged to prevent accidental opening.

**200.020.092**     Compliant     Deficient    A,B,C-M,C

Sterile supplies are: Sealed with autoclave tape.

**200.020.093**     Compliant     Deficient    A,B,C-M,C

Each sterilized pack is marked with the date of sterilization and, when applicable, with the expiration date, so as to determine which supplies are to be re-sterilized in case of a spore test failure and to identify supplies that were sterilized first and are therefore to be used first. When more than one autoclave is available, each pack must additionally be labeled so as to identify in which autoclave it was sterilized.

---

**200.030**      **Asepsis****200.030.010**       Compliant       Deficient      A,B,C-M,C

Instrument handling and sterilizing areas are cleaned and properly maintained.

**200.030.020**       Compliant       Deficient      A,B,C-M,C

There is strict segregation of dirty surgical equipment and instruments from those which have been cleaned and are in the preparation and assembly area.

**200.030.030**       Compliant       Deficient      A,B,C-M,C

The instrument preparation and assembly area is separated by walls or space from the instrument cleaning area or if not, there is a policy to clean and disinfect the area before use to prepare and assemble packs for sterilization.

**200.030.040**       Compliant       Deficient      A,B,C-M,C

Between cases, the operating room(s) is cleaned utilizing disinfectants.

**200.030.100**       Compliant       Deficient      B,C-M,C

If a pre-existing sink is present in the operating room, it must be disconnected from the water source. The sink must be removed when remodeling is done. A sink is permissible in a procedure room which is exclusively used for endoscope or urological procedures in accordance with the standards of those professions. Requests by other specialties will be reviewed on a case by case basis.

**200.040**      **Maintenance and Cleaning****200.040.010**       Compliant       Deficient      A,B,C-M,C

The operating room(s) is properly maintained.

**200.040.030**       Compliant       Deficient      A,B,C-M,C

All blood and body fluids are cleaned using appropriate germicides indicated as virucidal, bactericidal, tuberculocidal and fungicidal.

**200.040.040**       Compliant       Deficient      A,B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. A written protocol has been developed for use by housekeeping and other personnel for the proper cleaning of floors, tables, walls, ceilings, counters, furniture and fixtures of the surgical suite.

416.51.a Standard

---

**200.040.050**       Compliant       Deficient      A,B,C-M,C

All openings to outdoor air are effectively protected against the entrance of insects, animals, etc.

---

**200.050**      **Surfaces**

**200.050.005**       Compliant       Deficient      A,B,C-M,C

The scrub facility's entire ceiling surface or drop-in tiles are smooth, washable and free of particulate matter that can contaminate the scrub area.

---

**200.050.010**       Compliant       Deficient      B,C-M,C

The O.R. ceiling surface or drop-in tiles are smooth, washable and free of particulate matter that can contaminate the operating room.

---

**200.050.020**       Compliant       Deficient      A,B,C-M,C

The walls and counter tops are covered with smooth, and easy to clean material which is free from tears, breaks or cracks.

---

**200.050.030**       Compliant       Deficient      B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. The floors are covered with appropriate easy to clean material which is smooth and free from breaks, cracks or loose debris or if they contain seams or individual tiles, they are sealed with a polyurethane or other appropriate sealant.

---

**200.050.040**       Compliant       Deficient      B,C-M,C

The floor material wraps up the walls a minimum of 4 inches. (Cove molding requirement pertains to facilities first accredited after January 1992).

---

**200.050.041**       Compliant       Deficient      B,C-M,C

If cove base is used it must be sealed with an impermeable sealant (not silicone). (Only facilities first accredited before January 1992 may have cove base).

**200.055      Infection Control****200.055.010**     Compliant     Deficient    A,B,C-M,C

(3) The ASC must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities.

---

**200.055.011**     Compliant     Deficient    A,B,C-M,C

The ambulatory surgery facility staff must have knowledge of infection control techniques.

---

**200.055.015**     Compliant     Deficient    A,B,C-M,C

The ambulatory surgery facility must maintain an ongoing log that reports incidents of infection.

---

**200.055.016**     Compliant     Deficient    A,B,C-M,C

The ambulatory surgery facility must have a protocol for reporting infection results to appropriate authorities.

---

**200.055.020**     Compliant     Deficient    A,B,C-M,C

The Infection Control program is-

(1) Under the direction of a designated and qualified professional who has training in infection control;

416.51.b.1 Standard

**200.055.021**     Compliant     Deficient    A,B,C-M,C

The Infection Control program is-  
(2) An integral part of the ASC's quality assessment and performance improvement program; and

416.51.b.2 Standard

---

**200.055.023**     Compliant     Deficient    A,B,C-M,C

The Infection Control program is--

(3) 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. 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.3 Standard

---

**200.055.025**     Compliant     Deficient    A,B,C-M,C

Aseptic techniques are maintained during procedures and between cases.

---

**200.055.030**     Compliant     Deficient    A,B,C-M,C

**416.51 Conditions for coverage - Infection control.**

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

416.51 Condition

---

**200.055.035**     Compliant     Deficient    A,B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. Scrub suits, caps or hair covers, gloves, operative gowns, masks and eye protection are used for all appropriate surgery. (Found in the Code of Federal Regulations, part 416.51(a); Sanitary Environment).

416.51.a Standard

---

**200.055.040**     Compliant     Deficient    A,B,C-M,C

A sterile field is routinely used during all surgery.

---

**200.055.045**     Compliant     Deficient    A,B,C-M,C

(b) *Standard: Infection control program.* 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

---

**200.055.050**     Compliant     Deficient    A,B,C-M,C

Appropriate scrub facilities are provided for the O.R. staff consistent with current CDC guidelines for hand hygiene and surgical scrub.

---

**200.055.055**     Compliant     Deficient    A,B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. If one sink is used both for dirty instruments and to scrub for surgery, there is a written policy to clean and disinfect the sink prior to scrubbing.

---

**200.055.060**       Compliant       Deficient      A,B,C-M,C

Surgical scrub soap and/or alcohol cleansers are provided for the surgery room staff consistent with current CDC guidelines for hand hygiene.

**200.055.065**       Compliant       Deficient      A,B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. The operating room and the entire operating room suite is cleaned and disinfected according to an established schedule that is adequate to prevent cross-contamination.

416.51.a Standard

---

**200.060      Equipment**

**200.060.010**     Compliant     Deficient    A,B,C-M,C

A bio-medical technician or equivalent annually inspects all of the equipment (including electrical outlets, breaker/fuse boxes, and emergency light and power supplies) and reports in writing that it is safe and operating according to the manufacturer's specifications.

**200.060.020**     Compliant     Deficient    A,B,C-M,C

Only properly inspected equipment is used in the operating room.

**200.060.030**     Compliant     Deficient    A,B,C-M,C

The manufacturer's specifications and requirements are kept in an organized file and followed.

**200.060.050**     Compliant     Deficient    A,B,C-M,C

All equipment repairs and changes are done by a bio-medical technician or equivalent with appropriate records kept for a minimum of 3 years.

**200.060.060**     Compliant     Deficient    A,B,C-M,C

There is an adequate operating room table or chair.

**200.060.070**     Compliant     Deficient    A,B,C-M,C

The operating room is provided with: adequate general lighting in the ceiling.

**200.060.080**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: adequate surgical lights or spotlights.

**200.061      Equipment List****200.061.010**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: EKG monitor with pulse read-out.

**200.061.011**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Pulse oximeter (pulse oximeters must be in both the operating room and recovery room for simultaneous use, if applicable).

**200.061.012**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: Blood pressure monitoring equipment.

**200.061.013**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: Standard defibrillator or Automated External Defibrillator unit (AED) which is checked at least weekly for operability and the results filed. An AED may satisfy the regulatory requirement of 416.44(c)(4), so long as the ASC's medical staff emergency policy specifically indicates that an AED is sufficient, given the ASC's population and types of procedures.

**200.061.014**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Pneumatic boots or alternative devices for anti-embolic prophylaxis (such as TED stockings or ACE bandage wraps) are employed for all but local anesthesia cases of one (1) hour or longer and when medically indicated.

**200.061.015**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: Oral airways for each type of patient that is treated in your facility (adult and pediatric).

## AAAASF Medicare 6.5

**200.061.016**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Nasopharyngeal airways and laryngeal mask airways.

**200.061.017**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Laryngoscope.

**200.061.018**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Endotracheal tubes.

**200.061.019**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Endotracheal stylet.

**200.061.020**     Compliant     Deficient    A,B,C-M,C

Self inflating (Ambu™) bags are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.

**200.061.021**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: Source of O2

**200.061.022**     Compliant     Deficient    A,B,C-M,C

The operating room is equipped with: Source of suction and suction equipment.

## AAAASF Medicare 6.5

**200.061.023**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Source of cautery.

**200.061.024**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Electrosurgery with appropriate grounding plate or disposable pad.

**200.061.025**     Compliant     Deficient    C

The operating room is equipped with: Anesthesia machine with a purge system to extract exhaled gaseous air to out-of-doors or to a neutralizing system.

**200.061.026**     Compliant     Deficient    C

The operating room is equipped with: An inspired gas oxygen monitor on the anesthesia machine.

**200.061.028**     Compliant     Deficient    C

A CO2 monitor is used on all general anesthesia cases.

**200.061.030**     Compliant     Deficient    C

Mechanical ventilator should have a continuous use device which indicates a disconnect via an audible signal.

**200.061.035**     Compliant     Deficient    B,C-M,C

Each inhalation gas supply system includes two cylinders (or banks of cylinders) each capable of supplying at least one full day's operation.

## AAAASF Medicare 6.5

**200.061.040**     Compliant     Deficient    B,C-M,C

The operating room is equipped with: Mechanical ventilatory assistance, equipment including airways, manual breathing bag, ventilator, and tracheostomy set.

**200.061.045**     Compliant     Deficient    B,C-M,C

The ASC must have a Tracheostomy Set or a Cricothyroidotomy kit.

**200.061.050**     Compliant     Deficient    B,C-M,C

Endotracheal tubes are present.

**200.061.055**     Compliant     Deficient    B,C-M,C

Endotracheal stylet is present.

**200.070      Emergency Power****200.070.010**     Compliant     Deficient    B,C-M,C

The operating room has an emergency power source, (e.g. a generator or battery powered inverter), with sufficient capacity to operate adequate monitoring, anesthesia, surgical equipment, cautery and lighting a minimum of two hours (if more than one operating room is used simultaneously, an adequate emergency power source should be available for each O.R.).

**200.070.020**     Compliant     Deficient    B,C-M,C

This emergency power source is able to begin generating ample power to operate all the essential electrical equipment being used in the O.R. within 30 seconds in case of a power failure.

**200.070.030**     Compliant     Deficient    B,C-M,C

The emergency power equipment is checked weekly to insure function.

**200.070.035**     Compliant     Deficient    A,B,C-M,C

There is sufficient lighting at all times in all corridors to make the direction and path of travel safe. The facility lighting should be part of the emergency back up power.

**200.70.40**  Compliant  Deficient A,B,C-M,C

C. *Standard: Emergency equipment.* 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.

1. Be immediately available for the use of emergency situations.

2. Be appropriate for the facility's patient population.

3. Be maintained by appropriate personnel.

416.44.c.1 Standard

416.44.c.2 Standard

416.44.c.3 Standard

416.44.c Standard

---

**200.070.045**  Compliant  Deficient A,B,C-M,C

The operating room has Emergency medical equipment and supplies specified by the medical staff.

---

**200.070.050**  Compliant  Deficient A,B,C-M,C

Gurneys and beds for patient use are equipped with casters/wheels, the type and size necessary to allow easy mobility under evacuation conditions.

---

**200.080      Medical Hazardous Waste**

**200.080.011**     Compliant     Deficient    A,B,C-M,C

All medical hazardous wastes are: Disposed of in sealed, labeled containers in compliance with local, state, federal and Occupational Safety and Health Act (OSHA) guidelines.

---

**200.080.020**     Compliant     Deficient    A,B,C-M,C

Used disposable sharp items are placed in secure puncture-resistant containers which are located as close to the use area as is practical.

---

**200.080.030**     Compliant     Deficient    A,B,C-M,C

There is a written policy for cleaning of spills, especially blood borne pathogens.

---

**200.085**      **General Environment****200.085.001**        Compliant        Deficient      A,B,C-M,C

The ASC uses its space for ambulatory surgery exclusively.

---

**200.085.002**        Compliant        Deficient      A,B,C-M,C

The record keeping is exclusive to the ASC.

---

**200.085.003**        Compliant        Deficient      A,B,C-M,C

The staff is responsible to the ASC.

---

**200.085.006**        Compliant        Deficient      A,B,C-M,C

The ASC and another entity do not mix functions and operations in a common space during concurrent or overlapping hours of operation. Another entity may share common space only if the space is never used during the scheduled hours of ASC operation. However, the operating and recovery rooms must be used exclusively for surgical procedures.

---

**200.085.007**        Compliant        Deficient      A,B,C-M,C

No surgical procedure on a Medicare patient is performed when, before surgery, an overnight hospital stay is anticipated. There may, however, arise unanticipated medical circumstances that warrant a Medicare patient's hospitalization after an ASC surgical procedure. The ASC has procedures for the immediate transfer of these patients to a hospital. Such situations are infrequent.

---

**200.085.016**       Compliant       Deficient      A,B,C-M,C

**416.2 Definitions.**

*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 this part.

*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.

*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.

*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.

*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.

**416.2 Condition**

**200.085.017**       Compliant       Deficient      A,B,C-M,C

Any death occurring in an accredited *ASC*, or any death occurring within thirty days of a surgical procedure performed in an accredited *ASC*, must be reported in writing to the AAAASF Office within five business days after the facility is notified or otherwise becomes aware of that death.

**200.090      Appearance and Layout**

**200.090.010**    Compliant    Deficient    A,B,C-M,C

**§ 416.44 Condition for coverage—Environment.**

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

(a) *Standard: Physical environment.* The ASC must provide a functional and sanitary environment for the provision of surgical services.

416.44 Condition

416.44.a Standard

---

**200.090.020**    Compliant    Deficient    A,B,C-M,C

There is an adequate, separate waiting room.

416.44.a.2 Standard

---

**200.090.021**    Compliant    Deficient    A,B,C-M,C

The waiting room is: Adequately sized.

---

**200.090.022**    Compliant    Deficient    A,B,C-M,C

The waiting room is: Appropriately lighted.

---

**200.090.023**    Compliant    Deficient    A,B,C-M,C

The waiting room is: Clean, maintained and free of clutter and litter.

## AAAASF Medicare 6.5

**200.090.030**  Compliant  Deficient A,B,C-M,C

There is adequate area for administrative activities.

**200.090.031**  Compliant  Deficient A,B,C-M,C

The administrative work area: Provides adequate work space.

**200.090.032**  Compliant  Deficient A,B,C-M,C

The administrative work area: Provides sufficient space and storage for supplies and equipment.

**200.090.033**  Compliant  Deficient A,B,C-M,C

The administrative work area is: Appropriately lighted.

**200.090.034**  Compliant  Deficient A,B,C-M,C

The administrative work area is: Properly ventilated and temperature controlled for personnel comfort.

**200.090.035**  Compliant  Deficient A,B,C-M,C

The administrative work area is: Properly cleaned and maintained.

**200.090.041**  Compliant  Deficient A,B,C-M,C

The storage space is: Adequately sized for supplies.

## AAAASF Medicare 6.5

**200.090.042**  Compliant  Deficient A,B,C-M,C

The storage space is: Organized for easy access and inventory of supplies

**200.090.043**  Compliant  Deficient A,B,C-M,C

Medical supplies and equipment are stored in a safe manner to both maintain their cleanliness, or sterility, and functionality, and prevent injury to patients and personnel.

**200.090.050**  Compliant  Deficient A,B,C-M,C

There is at least one examination room.

**200.090.060**  Compliant  Deficient A,B,C-M,C

There are adequate lavatory facilities for patients and personnel.

**200.090.061**  Compliant  Deficient A,B,C-M,C

The lavatory facilities: Comply with ADA guidelines.

**200.090.062**  Compliant  Deficient A,B,C-M,C

The lavatory facilities are: Sufficient to accommodate patients and staff needs.

**200.090.063**  Compliant  Deficient A,B,C-M,C

The lavatory facilities are: Regularly cleaned and maintained.

## AAAASF Medicare 6.5

**200.090.070**     Compliant     Deficient    A,B,C-M,C

The facility is adequately ventilated and temperature controlled.

**200.090.080**     Compliant     Deficient    A,B,C-M,C

There is appropriate lighting in the facility.

**200.090.090**     Compliant     Deficient    A,B,C-M,C

The entire facility (including corridors) must be adequately maintained to ensure a safe and sanitary environment.

**200.090.100**     Compliant     Deficient    A,B,C-M,C

Smoking is prohibited in all patient care and hazardous areas.

**200.090.110**     Compliant     Deficient    A,B,C-M,C

The staff presents a professional appearance of competence and a genuine caring concern for the comfort and welfare of the patients, their family and friends.

**200.095**

**General Environment - Additional Medicare Standards**

**200.095.001**

Compliant  Deficient A,B,C-M,C

The ambulatory surgery center is in compliance with all state laws including State licensure requirements. (Found in the Code of Federal Regulations, Part 416.40; Compliance with State Licensure Laws).

416.40 Condition

---

**200.095.002**

Compliant  Deficient A,B,C-M,C

The facility has an appropriate physician's consultation office(s).

---

**300****RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES****300.005****Admissions****300.005.005** Compliant       Deficient      A,B,C-M,C**416.52 Conditions for coverage - Patient Admission, Assessment and Discharge.**

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

**300.005.007** Compliant       Deficient      A,B,C-M,C

Medical clearance should be recorded, if applicable. A current history and physical examination by the surgeon, anesthesia provider, or the patient's personal physician is recorded within two weeks of surgery on all patients for major surgery, and for those patients for minor surgery who require a physical exam. The medical record must contain a current medical history taken on the same day as the surgical procedure, and recorded by the surgeon or anesthesia provider prior to the administration of anesthesia.

**300.005.008** Compliant       Deficient      A,B,C-M,C

The history and physical examination should cover the organs and systems commensurate with the surgical procedure(s).

**300.005.010** Compliant       Deficient      A,B,C-M,C

(a) *Admission and pre-surgical assessment.* (1) Not more than 30 days before the date of the scheduled surgery, each patient must have a comprehensive medical history and physical assessment completed by a physician, (as defined in section 1861 (r) of the Act) or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.

416.52.a Standard

416.52.a.1 Standard

---

**300.005.015**     Compliant     Deficient    A,B,C-M,C

(2) Upon admission, each patient must have a pre-surgical assessment completed by a physician or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy that includes, at a minimum, an updated medical record entry documenting an examination for any changes in the patient's condition since completion of the most recently documented medical history and physical assessment, including documentation of any allergies to drugs and biologicals.

416.52.a.2 Standard

---

**300.005.020**     Compliant     Deficient    A,B,C-M,C

(3) The patient's medical history and physical assessment must be placed in the patient's medical record prior to the surgical procedure.

416.52.a.3 Standard

---

**300.10**    **Recovery Room(s)**

---

**300.010.010**     Compliant     Deficient    B,C-M,C

There is a separate recovery room within the operating suite.

416.44.a.2 Standard

---

**300.010.011**     Compliant     Deficient    B,C-M,C

The recovery area is: Adequately sized.

---

**300.010.012**     Compliant     Deficient    B,C-M,C

The recovery area is: Appropriately equipped and readily accessible to handle emergencies.

## AAAASF Medicare 6.5

**300.010.013**     Compliant     Deficient    B,C-M,C

The recovery area is: Maintained, clean and free of litter.

**300.010.015**     Compliant     Deficient    B,C-M,C

The operating room may be used for patient recovery if only one surgical procedure is scheduled that same day, or if the recovering patient meets all discharge criteria prior to beginning the next surgical procedure, or if there is another operating room available for the next surgical procedure.

**300.010.016**     Compliant     Deficient    B,C-M,C

The ambulatory surgery center must have a distinct recovery room and waiting room.

**300.010.017**     Compliant     Deficient    B,C-M,C

Family members may enter the recovery room upon approval from the physician.

**300.010.018**     Compliant     Deficient    B,C-M,C

Patients transferred to the PACU will be continually evaluated and monitored as needed during transport.

**300.010.019**     Compliant     Deficient    B,C-M,C

Patients transferred to the PACU are accompanied by a member of the anesthesia team who is knowledgeable about the patient.

**300.010.020**     Compliant     Deficient    B,C-M,C

All recovering patients must remain under direct observation and supervision by appropriately trained medical personnel until discharged from monitored patient care.

## AAAASF Medicare 6.5

**300.010.030**     Compliant     Deficient    B,C-M,C

A physician, CRNA or R.N. with Advanced Cardiac Life Support (ACLS) certification or who is otherwise qualified in cardiopulmonary resuscitation and trained in the use of emergency equipment must be available whenever there is a patient in the ASC.

---

**300.010.050**     Compliant     Deficient    B,C-M,C

A separate pulse oximeter is available for each patient in the recovery room.

---

**300.010.060**     Compliant     Deficient    B,C-M,C

There is a recovery room record maintained which includes vital signs, sensorium, medications, nurse's notes, etc.

---

**300.015      Evaluation**

**300.015.010**     Compliant     Deficient    B,C-M,C

Evaluation in the PACU will include:  
Documentation of patient's time of arrival.

**300.015.015**     Compliant     Deficient    B,C-M,C

Evaluation in the PACU will include:  
Assessment of the patient by the anesthesia recovery staff, as well as by a responsible physician.

**300.015.020**     Compliant     Deficient    B,C-M,C

Transmission of a verbal report on the patient to the PACU team from a member of the anesthesia team who accompanies the patient.

**300.015.025**     Compliant     Deficient    B,C-M,C

Transfer of information concerning the preoperative condition of the patient and the surgery - anesthesia course.

**300.015.030**     Compliant     Deficient    B,C-M,C

A member of the anesthesia team remains in the post-anesthesia area until the post-anesthesia care nurse accepts responsibility for the patient.

**300.015.035**     Compliant     Deficient    B,C-M,C

Observation and monitoring by methods appropriate to the patient's condition (O2 saturation, ventilation, circulation, temperature).

**300.015.040**     Compliant     Deficient    B,C-M,C

Continuous pulse oximetry.

## AAAASF Medicare 6.5

**300.015.045**     Compliant     Deficient    B,C-M,C

A written, accurate post-anesthetic care report is maintained.

**300.015.050**     Compliant     Deficient    B,C-M,C

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.

---

**300.020** **Discharge**

**300.020.005**  Compliant  Deficient A,B,C-M,C

(b) *Post-surgical assessment.* (1) 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

---

**300.020.010**  Compliant  Deficient B,C-M,C

Patients must be discharged in the company of a responsible adult. Adequate written post-operative instructions (including the procedures to follow in emergency situations) are given to the adult who is responsible for the patient's care.

---

**300.020.020**  Compliant  Deficient B,C-M,C

Patients are required to meet established written and recorded criteria for physiological stability before discharge including vital signs and sensorium.

---

**300.020.030**  Compliant  Deficient B,C-M,C

Personnel assist with discharge from the recovery area.

---

**300.020.035**  Compliant  Deficient A,B,C-M,C

A physician must verify that the patient or responsible adult has been informed about the anesthesia care plan.

Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined at § 410.69 of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

---

**300.020.040**  Compliant  Deficient B,C-M,C

The patient is transported in a suitable vehicle with a responsible adult.

## AAAASF Medicare 6.5

**300.020.041** Compliant Deficient A,B,C-M,C

Patients receiving only local anesthesia without sedation may transport themselves.

**300.020.042** Compliant Deficient B,C-M,C

Patients may be transported by ambulance (or wheelchair, gurney, if applicable) to a hospital, intermediate care unit or recovery facility.

**300.020.045** Compliant Deficient B,C-M,C

Approved and standardized discharge criteria are used.

416.52.c Standard

**300.020.050** Compliant Deficient B,C-M,C

A physician determines that the patient meets discharge criteria based upon input from the PACU nurse, and that physician's name must be noted on the record.

**300.020.055** Compliant Deficient B,C-M,C

Written post-operative instructions, including procedures for emergency situations, are given to an adult who is responsible for the patient's care and transportation.

**300.020.060** Compliant Deficient B,C-M,C

Patients are required to meet criteria for physiological stability before discharge, including vital signs and sensorium.

---

**300.020.065**     Compliant     Deficient    B,C-M,C

Personnel assist with discharge from the recovery area.

---

**300.020.070**     Compliant     Deficient    B,C-M,C

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.

---

**300.020.075**     Compliant     Deficient    A,B,C-M,C

(2) Post-surgical needs must be addressed and included in the discharge notes.

416.52.b.2 Standard

---

**300.020.080**     Compliant     Deficient    A,B,C-M,C

(c) *Standard:* Discharge. The ASC must-

(1) 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

---

**300.020.085**     Compliant     Deficient    A,B,C-M,C

(2) 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

**300.020.090**     Compliant     Deficient    A,B,C-M,C

(3) 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

---

**300.030**    **Extended Stays**

**300.030.010**     Compliant     Deficient    B,C-M,C

If overnight stays are permitted, the facility is in compliance with all pertinent local and state laws and regulations.

---

**300.030.020**     Compliant     Deficient    B,C-M,C

If 23 hour stays are permitted, the facility is in compliance with all pertinent local and state laws and regulations.

---

**300.040      Equipment and Supplies**

**300.040.005**     Compliant     Deficient    B,C-M,C

A reliable source of oxygen, adequate for the length of the surgery (back up should consist of at least one full E cylinder).

---

**300.040.010**     Compliant     Deficient    A,B,C-M,C

If a central source of piped oxygen is used, the system must meet all applicable codes.

---

**300.040.015**     Compliant     Deficient    A,B,C-M,C

Sufficient space to accommodate the necessary personnel, equipment and monitoring devices is available.

---

**300.040.020**     Compliant     Deficient    A,B,C-M,C

There is an adequate and reliable source of suction.

---

**300.040.025**     Compliant     Deficient    C

An adequate and reliable anesthetic scavenging system exists if inhalation anesthetics are used.

---

**300.040.030**     Compliant     Deficient    A,B,C-M,C

Self inflating (Ambu<sup>©</sup>) bags, if used, are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.

---

**300.040.035**     Compliant     Deficient    C

An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility. If total intravenous anesthesia (TIVA), spinal or epidural anesthesia is used exclusively, and no inhalation agents (volatile or nitrous oxide) are available, an anesthesia machine is not required.

**300.040.040**  Compliant  Deficient A,B,C-M,C

Sufficient electrical outlets are available, labeled and grounded to suit the location (e.g. wet locations, cystoscopy-arthroscopy) and connected to emergency power supplies where appropriate.

**300.040.045**  Compliant  Deficient A,B,C-M,C

Adequate illumination for patients, machines and monitoring equipment, which can include battery powered illuminating systems.

**300.040.050**  Compliant  Deficient A,B,C-M,C

Emergency cart is available with defibrillator, necessary drugs and other CPR equipment.

**300.045** **Quality of Care**

**300.045.005**  Compliant  Deficient B,C-M,C

A licensed or qualified anesthesia provider supervising or providing care in the facility should participate in quality assurance and risk management in the facility (see standard #700.010.720).

**300.045.010**  Compliant  Deficient B,C-M,C

The surgeon and the licensed or qualified anesthesia provider should concur on the appropriateness of surgical procedures performed at the facility. This is based on the medical status of the patients and qualifications of the providers and the facility resources.

**300.045.015**  Compliant  Deficient A,B,C-M,C

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.

**300.050**      **PACU Room(s)****300.050.005**           Compliant           Deficient      B,C-M,C

There is a separate and adequately sized recovery room within the operating room suite.

**300.050.010**           Compliant           Deficient      B,C-M,C

The room is equipped and readily accessible to handle emergencies.

**300.050.015**           Compliant           Deficient      B,C-M,C

All recovering patients must be observed and supervised by trained medical personnel in the recovery area. A physician, CRNA, PA or R.N. with Advanced Cardiac Life Support (ACLS) certification, is immediately available until the patient has met PACU discharge criteria for discharge from the surgical procedure.

**300.050.020**           Compliant           Deficient      B,C-M,C

A separate pulse oximeter is available for each patient in the recovery room.

**300.050.025**           Compliant           Deficient      B,C-M,C

There is a recovery room record that includes vital signs, sensorium, medications and nurse's notes.

**400****GENERAL SAFETY IN THE FACILITY****400.000.004**     Compliant     Deficient    A,B,C-M,C

No nurse provides coverage in the ASC and in an adjacent clinic (or hospital) at the same time.

**400.010**    **General****400.010.005**     Compliant     Deficient    A,B,C-M,C

The governing body must assure that all outside services are provided in a safe and effective manner.

416.41.a Standard

**400.010.006**     Compliant     Deficient    A,B,C-M,C

Hallways are at least 3'8" in width and a minimum of 7'6" in height.

**400.010.007**     Compliant     Deficient    A,B,C-M,C

There are no stairs with three steps or more in hallways leading to exits. Level changes of 21" or less are made with ramps.

**400.010.008**     Compliant     Deficient    A,B,C-M,C

Door openings allow access of at least 2'10" wide.

**400.010.010**     Compliant     Deficient    A,B,C-M,C

There is a Facility Safety Manual.

## AAAASF Medicare 6.5

**400.010.011**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual: Contains all applicable requirements of OSHA.

**400.010.012**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual: Is in accordance with other federal and state regulations.

**400.010.013**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual: Provides employees with information relative to all hazardous chemicals used and methods to minimize exposure to personnel.

**400.010.020**  Compliant  Deficient A,B,C-M,C

There is a written “Exposure Control Plan” on file that is reviewed and updated at least annually.

**400.010.030**  Compliant  Deficient A,B,C-M,C

There is a written “Chemical Hazard Communication Program” on file that is reviewed and updated at least annually.

**400.010.040**  Compliant  Deficient A,B,C-M,C

If a laser is used, appropriate safety measures are taken to protect patients and staff from injury.

**400.010.050**  Compliant  Deficient A,B,C-M,C

If X-Ray equipment is used, appropriate safety measures are taken to protect patients and staff from injury.

416.49.b.1 Standard

## AAAASF Medicare 6.5

**400.010.051**     Compliant     Deficient    A,B,C-M,C

Appropriate warnings and signage exists to warn those whose health may be affected.

416.49.b.1 Standard

---

**400.010.052**     Compliant     Deficient    A,B,C-M,C

Staff maintains appropriate dosimetry badges and records are maintained (if applicable).

416.49.b.1 Standard

**400.020**      **Emergency Protocols****400.020.005**       Compliant       Deficient      A,B,C-M,C

There must be a written protocol for security emergencies, such as an intruder in the facility, an unruly patient or visitor, a threat to the staff or patients.

**400.020.010**       Compliant       Deficient      A,B,C-M,C

There must be a written protocol for transferring patients in an emergency.

**400.020.011**       Compliant       Deficient      A,B,C-M,C

There is a written protocol for: Fire and fire drills.

**400.020.012**       Compliant       Deficient      A,B,C-M,C

There is a written protocol for: Calling appropriate personnel for unplanned or emergency return of patient to the operating room.

**400.020.013**       Compliant       Deficient      A,B,C-M,C

There is a written protocol for: Immediate or timely return to the O.R. for patient emergencies.

**400.020.014**       Compliant       Deficient      C

There is a written protocol for: Malignant hyperthermia.

**400.020.015**       Compliant       Deficient      A,B,C-M,C

There is a written protocol for: Cardiopulmonary resuscitation.

## AAAASF Medicare 6.5

**400.020.016**     Compliant     Deficient    A,B,C-M,C

There is a written protocol for: A situation in which the surgeon becomes incapacitated.

**400.020.017**     Compliant     Deficient    B,C-M,C

There is a written protocol for: A situation in which the anesthesiologist or CRNA becomes incapacitated.

**400.020.018**     Compliant     Deficient    A,B,C-M,C

There is a written protocol for: Response to power failure emergencies.

**400.020.019**     Compliant     Deficient    A,B,C-M ,C

Hazardous chemicals are labeled as such.

**400.020.020**     Compliant     Deficient    A,B,C-M,C

There is a written protocol for: Emergency evacuation of the facility.

**400.020.021**     Compliant     Deficient    A,B,C-M,C

There is a written protocol for: A disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.41 Governing Body and Management; Section 416.41; Standard: Disaster Preparedness Plan).

416.41.c Standard

416.41.c.1 Standard

**400.020.022**     Compliant     Deficient    A,B,C-M,C

(2) The ASC coordinates the plan with State and local authorities as appropriate.

416.41.c.2 Standard

---

**400.020.023**     Compliant     Deficient    A,B,C-M,C

No surgical procedure on a Medicare patient is performed when, before surgery, an overnight hospital stay is anticipated. There may, however, arise unanticipated medical circumstances that warrant a Medicare patient's hospitalization after an ASC surgical procedure. The ASC has procedures for the immediate transfer of these patients to a hospital. Such situations are infrequent.

**400.200.024**     Compliant     Deficient    A,B,C-M,C

The ASC conducts drills, at least annually, to test the plan's effectiveness.

416.41.c.3 Standard

---

**400.020.025**     Compliant     Deficient    A,B,C-M,C

The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.

416.41.c.3 Standard

---

**400.020.030**     Compliant     Deficient    A,B,C-M,C

Emergency power source is available for life safety related fixtures and devices (Exit lighting, life support/monitoring, alarm systems).

**400.021** Transfer Agreement**400.021.010**  Compliant  Deficient A,B,C-M,C

The procedure for immediately transferring patients requiring emergency medical care beyond the capabilities of the ASC must consist of transferring the patient to the nearest local Medicare-participating hospital or local nonparticipating hospital that meets the requirements for payment for emergency services under 42 CFR 482.2. The hospital must be accredited and approved by the facility's medical staff, or the operating surgeon has privileges to admit patients to such a hospital.

416.41.b.2 Standard

---

**400.021.015**  Compliant  Deficient A,B,C-M,C

The ASC has a transfer agreement with a local hospital that is non-participating in Medicare, and the hospital must meet the payment requirements of emergency services under 42 CFR 482.2 of the Code of Federal Regulations. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.41 Governing Body and Management; Section 416.41; Standard: Hospitalization).

Or .....

---

**400.021.020**  Compliant  Deficient A,B,C-M,C

The ASC must have a written transfer agreement with a hospital that meets the requirements of paragraph (b)(2) of this section under 42 CFR 482.2 of the Code of Federal Regulations; and ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that the requirements of (b)(2) of this section under 42 CFR 482.2 of the Code of Federal Regulations; Hospitalization.

Or.....

416.41.b.3.(ii) Standard

**400.021.025**  Compliant  Deficient A,B,C-M,C

(3) The ASC must-

- (i) Have a written transfer agreement with a hospital that meets the requirements of AAAASF Standard 400.021.010 [42CFR416.41(b)(2)]; or
- (ii) Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of AAAASF Standard 400.021.010 [42CFR416.41(b)(2)].

416.41.b.3 Standard

416.41.b.3.(i) Standard

---

**400.021.030**  Compliant  Deficient A,B,C-M,C

Radiologic services may only be provided when integral to procedures offered by the ASC and must meet the requirements specified in 42CFR482.26(b), (c)(2), and (d)(2).

416.49.b.1 Standard

---

**400.021.035**  Compliant  Deficient A,B,C-M,C

(b) *Standard: Hospitalization.* (1) 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. (Found in the Code of Federal Regulation, part 416.41(b)(1); Hospitalization).

416.41.b Standard

416.41.b.1 Standard

**400.030** **Hazardous Agents**

**400.030.010**  Compliant  Deficient A,B,C-M,C

All explosive and combustible materials and supplies are stored and handled in a safe manner with appropriate ventilation according to state, local and/or National Fire Protection Association (NFPA) codes.

**400.030.020**  Compliant  Deficient A,B,C-M,C

Compressed gas cylinders are stored and handled in a safe manner according to state, local and/or National Fire Protection Association (NFPA) codes.

**400.030.025**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility has been inspected by a Fire Safety Specialist according to the 2000 Life Safety Code (LSC) of the National Fire Protection Association and has received signed documentation from the LSC inspector that the facility meets the requirements of the NFPA 101 Life Safety Code have been approved by appropriate CMS fire authority.

**400.030.030**  Compliant  Deficient A,B,C-M,C

(b) *Standard: Safety from Fire.* (1) Except as provided in this section, the ASC must meet the provisions applicable to Ambulatory Health Care Centers of the 2000 edition of the Life Safety Code of the National Fire Protection Association (NFPA), regardless of the number of patients served. The director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 522 (a) and 1CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and 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](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html). Copies may be obtained from the National Fire Protection Association, 1 Battery Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the FEDERAL REGISTER to announce the changes.

416.44.b.1 Standard

---

**400.030.031**     Compliant     Deficient    A,B,C-M,C

(2) In consideration of a recommendation by the State survey agency, CMS may waive, for periods deemed appropriate, specific provisions of the LSC 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

---

**400.030.032**     Compliant     Deficient    A,B,C-M,C

(3) 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

---

**400.030.033**     Compliant     Deficient    A,B,C-M,C

(4) An ASC must be in compliance with Chapter 21.2.9.1, Emergency Lighting, beginning on March 13, 2006.

416.44.b.4 Standard

---

**400.030.034**     Compliant     Deficient    A,B,C-M,C

(b) Standard: Safety from fire. (5) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, an ASC may place alcohol-based hand rub dispensers in its facility

416.44.b.5 Standard

---

**400.030.035**     Compliant     Deficient    A,B,C-M,C

(i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;

416.44.b.5.(i) Standard

**400.030.036**     Compliant     Deficient    A,B,C-M,C

(ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;

416.44.b.5.(ii) Standard

**400.030.037**     Compliant     Deficient    A,B,C-M,C

(iii) The dispensers are installed in a manner that adequately protects against inappropriate access; and

416.44.b.5.(iii) Standard

**400.030.039**     Compliant     Deficient    A,B,C-M,C

The dispensers are installed in accordance with the following provision:

Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 feet. (1.8 m);

416.44.b.5.(iv) Standard

416.44.b.5.(iv).(A) Standard

**400.030.041**     Compliant     Deficient    A,B,C-M,C

The dispensers are installed in accordance with the following provision:

The maximum individual dispenser fluid capacity shall be: 0.3 gallons (1.2 liters) for dispensers in rooms, corridors, and areas open to corridors.

416.44.b.5.(iv).(B) Standard

416.44.b.5.(iv).(B).(1) Standard

## AAAASF Medicare 6.5

**400.030.042** Compliant Deficient A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
The maximum individual dispenser fluid capacity shall be: 0.5 gallons (2.0 liters) for dispensers in suites of rooms.

416.44.b.5.(iv).(B).(2) Standard

**400.030.043** Compliant Deficient A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
The dispensers shall have minimum horizontal spacing of 4 ft. (1.2m) from each other;

416.44.b.5.(iv).(C) Standard

**400.030.044** Compliant Deficient A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
Not more than an aggregate 10 gallons (37.8 liters) of ABHR solution shall be in be in a single smoke compartment outside of a storage cabinet;

416.44.b.5.(iv).(D) Standard

**400.030.045** Compliant Deficient A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
Storage of quantities greater than 5 gallons (18.9 liters) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code;

416.44.b.5.(iv).(E) Standard

**400.030.046** Compliant Deficient A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
The dispensers shall not be installed over or directly adjacent to an ignition source;

416.44.b.5.(iv).(F) Standard

**400.030.047**     Compliant     Deficient    A,B,C-M,C

The dispensers are installed in accordance with the following provision:  
In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be permitted only in sprinklered smoke compartments; and

416.44.b.5.(iv).(G) Standard

---

**400.030.048**     Compliant     Deficient    A,B,C-M,C

(v) The dispensers are maintained in accordance with dispenser manufacturer guidelines.

416.44.b.5.(v) Standard

---

**400.040**      **Fire Controls****400.040.010**        Compliant        Deficient      A,B,C-M,C

The facility is equipped with smoke detectors.

---

**400.040.020**        Compliant        Deficient      A,B,C-M,C

An adequate number and variety of fire extinguishers are available.

---

**400.040.021**        Compliant        Deficient      A,B,C-M,C

Fire extinguishers are regularly inspected and conform to local fire codes throughout the facility.

---

**400.040.025**        Compliant        Deficient      A,B,C-M,C

All fire and safety requirements must be adhered to regardless of the number of beds in the facility.

416.44.b Standard

---

**400.040.030**        Compliant        Deficient      A,B,C-M,C

Portable space heaters are prohibited.

---

**400.040.035**        Compliant        Deficient      A,B,C-M,C

Wastebaskets and other waste containers are of non-combustible materials.

**400.050****Exits****400.050.010** Compliant       Deficient      A,B,C-M,C

Fire exit signs are posted and illuminated per state, local and/or the NFPA codes and OSHA codes.

**400.050.015** Compliant       Deficient      A,B,C-M,C

No door can be locked to interfere with exiting of any rooms or the facility. Automatic or delayed release (activated by an alarm system or occupants) devices are permitted if backed by emergency power and fail open function.

**400.050.020** Compliant       Deficient      A,B,C-M,C

No required exit requires traveling through spaces that contain combustible materials or are subject to locking from either side of the door.

**400.050.025** Compliant       Deficient      A,B,C-M,C

At least one exit from the surgical suite is directly to the outdoors.

**400.050.030** Compliant       Deficient      A,B,C-M,C

Passage or hallways are adequate to allow emergency evacuation of a patient by emergency personnel (including their equipment).

**400.050.040** Compliant       Deficient      A,B,C-M,C

If a stairway is present, it is sufficiently wide enough to allow emergency evacuation of a patient by emergency personnel (including their equipment).

**400.050.050** Compliant       Deficient      A,B,C-M,C

If an elevator is present, it is large enough to allow emergency evacuation of a patient by emergency personnel (including their equipment).

**400.050.060** Compliant       Deficient      A,B,C-M,C

If requested, the facility's personnel can demonstrate the evacuation of a patient.

**400.060** **Facility Safety Manual****400.060.005**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual must contain a written policy for the care of surgical specimens.

---

**400.060.010**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual must contain a written policy for all surgical procedures.

---

**400.060.015**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual must contain a written list of all equipment, materials and supplies necessary to properly carry out job assignments.

---

**400.060.020**  Compliant  Deficient A,B,C-M,C

The Facility Safety Manual must contain a written policy for contaminated patients.

---

**400.060.025**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility must have written isolation procedures.

---

**400.060.030**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility staff must have knowledge of the ambulatory surgery facility's infection control program.

---

## AAAASF Medicare 6.5

**400.060.050**     Compliant     Deficient    A,B,C-M,C

All supervisory personnel have access to the written plan for protection of all occupants in the event of a fire and for their evacuation to areas of refuge and from the building when necessary.

---

**400.060.055**     Compliant     Deficient    A,B,C-M,C

All personnel are periodically trained and kept informed of their duties with respect to the fire plan.

---

**400.060.060**     Compliant     Deficient    A,B,C-M,C

A simple floor plan showing evacuation routes is posted in prominent areas on each floor.

---

**500****IV FLUIDS AND MEDICATIONS****500.010****Blood & Substitutes****500.010.010**

Compliant  Deficient A,B,C-M,C

Intravenous fluids such as Lactated Ringer's and Normal Saline are available in the facility, and the facility has the means for obtaining and administering blood or blood substitutes such as Dextran if necessary. Medical staff must specify the emergency medical equipment and supplies that should be available in the operating room.

**500.010.015**

Compliant  Deficient A,B,C-M,C

(2) Blood and blood products must be administered only by physicians or registered nurses.

416.48.a.2 Standard

**500.010.020**

Compliant  Deficient A,B,C-M,C

If blood were to be used, there is a protocol for it to be typed, cross-matched, checked and verified. Medical staff must specify the emergency medical equipment and supplies that should be available in the operating room.

**500.020** **Medications**

**500.020.010**  Compliant  Deficient A,B,C-M,C

Emergency medications are readily available and O.R. personnel know their location. Medical staff must specify the emergency medical equipment and supplies that should be available in the operating room.

**500.020.020**  Compliant  Deficient A,B,C-M,C

There is a dated, sequential narcotic inventory and control record which includes the use of narcotics on individual patients. Such records may be kept in the form of a bound journal, computer record, or other immediately retrievable format consistent with local, state and federal law.

**500.020.030**  Compliant  Deficient A,B,C-M,C

The inventory of narcotics is checked and verified at least weekly and on any day that narcotics are administered by two qualified members of the operating room team.

**500.020.040**  Compliant  Deficient A,B,C-M,C

All narcotics and controlled substances are adequately secured and locked, not portable, and under supervised access.

**500.020.051**  Compliant  Deficient A,B,C-M,C

Routine medications are stored in a specific area.

**500.020.055**  Compliant  Deficient A,B,C-M,C

All drugs and biologicals given to patients must be approved by the physician with a signed order.

**500.020.060**  Compliant  Deficient A,B,C-M,C

All drugs and biologicals must be current, dated and refrigerated when necessary.

**500.020.065**  Compliant  Deficient A,B,C-M,C

All refrigerators must be monitored for proper temperature.

**500.020.070**  Compliant  Deficient A,B,C-M,C

There must be a record of receipt and disposition of all controlled drugs.

**500.020.075**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility's pharmaceutical services must be under the direction of a physician.

**500.020.080**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility's pharmaceutical services must be administered according to the established policies and acceptable standards of practice. A physician must prescribe drugs to patients and a physician or registered nurse must administer the drugs to patients.

**500.020.085**  Compliant  Deficient A,B,C-M,C

There must be a policy for disposal of discontinued or outdated drugs that includes a monthly check for outdated drugs and a record of outdated drugs.

**500.020.090**  Compliant  Deficient A,B,C-M,C

#### **416.48 Pharmaceutical services.**

The ambulatory surgery 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

**500.020.095**     Compliant     Deficient    A,B,C-M,C

(a) *Standard: Administration of drugs.* Drugs must be prepared and administered according to established policies and acceptable standards of practice.

416.48.a Standard

---

**500.020.100**     Compliant     Deficient    A,B,C-M,C

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

---

**500.020.105**     Compliant     Deficient    A,B,C-M,C

(3) Orders given orally for drugs and biologicals must be followed by a written order and signed by the prescribing physician.

416.48.a.3 Standard

---

**500.021**    **ACLS Algorithm**

**500.021.010**     Compliant     Deficient    A,B,C-M,C

A copy of the current, complete ACLS Algorithms must be available on the emergency cart.

---

**500.021.011**     Compliant     Deficient    A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS Algorithms: Epinephrine.

## AAAASF Medicare 6.5

**500.021.012**  Compliant  Deficient A,B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS Algorithms: Lidocaine – plain

**500.021.013**  Compliant  Deficient A,B,C-M,C

All medication included in the current ACLS Algorithm must be available on the Emergency Cart, and a copy of the ACLS Algorithm itself as well as a copy of the MHAUS Malignant Hyperthermia Algorithm should also be available on the cart for reference in case of an emergency.

**500.021.014**  Compliant  Deficient B,C-M,C

The following medication must be available in the facility at all times as required by current ACLS Algorithms: Narcotic antagonist (e.g. Narcan™).

*If potential malignant hyperthermia “triggering agents” such as the potent inhalation anesthetics Halothane, Enflurane, Isoflurane, Servoflurane, and Desflurane, and the depolarizing muscle relaxant Succinylcholine, are ever used or at any time are present in the facility, the following Dantrolene requirements apply:*

**500.021.015**  Compliant  Deficient C

A minimum of 1000cc (IV bag or similar container) of preservative free H2O diluent for Dantrolene.

**500.021.016**  Compliant  Deficient C

A minimum of four (4) 50cc ampules of NaHCO3.

**500.021.017**  Compliant  Deficient C

A minimum of twelve (12) vials of Dantrolene.

## AAAASF Medicare 6.5

**500.021.018**  Compliant  Deficient **C**

The necessary additional 24 vials of Dantrolene and required diluent are stored in the facility or the facility has a written agreement with another source that can and will provide those additional 24 vials of Dantrolene and required diluent on a STAT basis within 15 minutes.

**500.021.019**  Compliant  Deficient **A,B,C-M,C**

Seizure arresting medication (a benzodiazepine, e.g. Midazolam).

**500.021.020**  Compliant  Deficient **A,B,C-M,C**

Bronchospasm arresting medication (inhaled beta agonist, e.g. Albuterol).

**500.021.021**  Compliant  Deficient **A,B,C-M,C**

Vasopressors other than Epinephrine.

**500.021.022**  Compliant  Deficient **A,B,C-M,C**

IV Antihistamines (e.g. Diphenhydramine).

**500.021.023**  Compliant  Deficient **A,B,C-M,C**

Anti-Hypertensives.

**500.021.024**  Compliant  Deficient **A,B,C-M,C**

Atropine.

## AAAASF Medicare 6.5

**500.021.025**  Compliant  Deficient C-M,C

Neuromuscular blocking agents including non-depolarizing agents such as rocuronium or depolarizing agents such as succinylcholine.

**500.021.026**  Compliant  Deficient A,B,C-M,C

Intravenous corticosteroids (e.g. Dexamethasone).

**500.021.027**  Compliant  Deficient B,C-M,C

Benzodiazepine reversing agent (e.g. Mazicon™, Flumazenil).

**500.021.030**  Compliant  Deficient A,B,C-M,C

Oral nitroglycerine.

**500.021.035**  Compliant  Deficient A,B,C-M,C

Seizure arresting medication (a benzodiazepine, e.g. Midazolam).

**500.021.040**  Compliant  Deficient A,B,C-M,C

Short-acting beta-blocker (e.g. Esmolol or Labetalol).

**500.030****Malignant Hyperthermia**

If potential Malignant Hyperthermia triggering agents such as the potent inhalation anesthetics halothane, enflurane, isoflurane, sevoflurane, and desflurane and the depolarizing muscle relaxant succinylcholine, are ever used or are present in the facility the following requirements apply:

---

**500.030.010** Compliant       Deficient

C-M,C

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.

---

**500.030.015** Compliant       Deficient

C-M,C

The facility director and all operating surgeons and anesthesiology providers should 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.

---

**500.030.020** Compliant       Deficient

C-M,C

The medical director should be able to demonstrate that all operating surgeons and anesthesia providers have familiarity with the early recognition of impending MH crisis as defined by MHAUS.

---

**500.030.025** Compliant       Deficient

C-M,C

The medical director will insure that all staff are trained and 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.

---

## AAAASF Medicare 6.5

**500.030.030**  Compliant  Deficient C-M,C

A minimum of 1000 ML (IV bag or similar container) of preservative- free H2O) diluents for Dantrolene.

**500.030.035**  Compliant  Deficient B,C-M,C

A minimum of four (4) 50cc ampoules of NaHCO3.

**500.030.040**  Compliant  Deficient C-M,C

A minimum of twelve (12) vials of Dantrolene.

**500.030.050**  Compliant  Deficient C-M,C

The MHAUS Malignant Hyperthermia Algorithms must be available on the emergency cart.

**500.030.055**  Compliant  Deficient C-M,C

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 ASC's 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.

**500.030.060**  Compliant  Deficient C-M,C

Facilities should establish the best destination as a transfer standard, which means the facility director would preplan for MH transfer and establish the capabilities of a facility within a reasonable distance, e.g. a tertiary care center that is further away may be better than a community type ER which is closer. Arrangements must be made in advance with EMS system if that is to be activated. Ability of receiving transport team to continue MHAUS protocol must be ensured in advance as well as by the medical director.

**600****MEDICAL RECORDS****600.010**      **General****600.010.002**       Compliant       Deficient      A,B,C-M,C

Medical 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 inspection cycle.

---

**600.010.005**       Compliant       Deficient      A,B,C-M,C

Medical records must be legible, documented and completed accurately.

---

**600.010.010**       Compliant       Deficient      A,B,C-M,C

Medical records are filed for easy accessibility, and must be maintained in the facility regardless of the location of the operating surgeon's office.

---

**600.010.020**       Compliant       Deficient      A,B,C-M,C

Appropriate patient identification and information is easily identifiable.

416.47.b.1 Standard

---

**600.010.021**       Compliant       Deficient      A,B,C-M,C

Medical records must be kept secure and confidential in a manner consistent with HIPAA regulations.

**600.010.030**     Compliant     Deficient    A,B,C-M,C

Significant medical history and results of physical examination is recorded on all patients.

**416.47.b.2 Standard**

---

**600.010.031**     Compliant     Deficient    A,B,C-M,C

The history and physical examination should cover appropriate organ and systems commensurate with the procedure.

**600.010.035**     Compliant     Deficient    A,B,C-M,C

Medical clearance should be recorded, if applicable. A current history and physical examination by the surgeon, anesthesia provider, or the patient's personal physician is recorded within two weeks of surgery on all patients for major surgery, and for those patients for minor surgery who require a physical exam. The medical record must contain a current medical history taken on the same day as the surgical procedure, and recorded by the surgeon or anesthesia provider prior to the administration of anesthesia.

---

**600.010.040**     Compliant     Deficient    A,B,C-M,C

**416.47 Medical Records.**

The ambulatory surgery facility must maintain separate, complete, comprehensive and accurate medical records to ensure adequate patient care.

**416.47 Condition**

---

**600.010.041**     Compliant     Deficient    A,B,C-M,C

(a) *Standard: Organization.* The ASC must develop and maintain a system for the proper collection, storage, and use of patient records.

416.47.a Standard

---

**600.010.045**     Compliant     Deficient    A,B,C-M,C

The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed.

416.47.b Standard

---

**600.010.050**     Compliant     Deficient    A,B,C-M,C

All medical records must include a discharge diagnosis.

416.47.b.8 Standard

---

**600.010.051**     Compliant     Deficient    A,B,C-M,C

The medical records of the facility must be properly indexed and readily retrievable.

---

**600.010.055**     Compliant     Deficient    A,B,C-M,C

The ambulatory surgery facility must make sure that the medical records are protected from fire (stored in fire resistant cabinet) and unauthorized access, in a secured area.

---

**600.010.060**     Compliant     Deficient    A,B,C-M,C

All Medical Records must include at least the following: Findings and techniques of the operation including pathologist reports on all tissue removed during surgery, except those exempted by the governing body.

416.47.b.4 Standard

---

**600.010.065**     Compliant     Deficient    A,B,C-M,C

All Medical Records must include entries related to anesthesia administration.

416.47.b.6 Standard

**600.011****Medical Record Responses and Questions**

Pre operative medical record includes the following information:

**600.011.005**

Compliant  Deficient

A,B,C-M,C

Treating physicians or appropriate consultants are contacted as to the advisability of office surgery in cases wherein the history and physical examination so warrant.

**600.011.006**

Compliant  Deficient

A,B,C-M,C

Appropriate laboratory procedures are performed where indicated and entered in the chart before surgery.

**600.011.010**

Compliant  Deficient

A,B,C-M,C

The medical record includes responses to the following questions: Any allergies and abnormal drug reactions.

416.47.b.5 Standard

**600.011.011**

Compliant  Deficient

A,B,C-M,C

The medical record includes responses to the following questions: Current medications.

**600.011.012**

Compliant  Deficient

A,B,C-M,C

The medical record includes responses to the following questions: Previous serious illness.

## AAAASF Medicare 6.5

**600.011.013** Compliant Deficient A,B,C-M,C

The medical record includes responses to the following questions: Current and chronic illness.

**600.011.014** Compliant Deficient A,B,C-M,C

The medical record includes responses to the following questions: Previous surgery.

**600.011.015** Compliant Deficient A,B,C-M,C

The medical record includes responses to the following questions: Bleeding tendencies.

**600.011.020** Compliant Deficient A,B,C-M,C

The medical history includes pre-operative diagnostic studies (entered before surgery), if performed.

416.47.b.3 Standard

**600.011.025** Compliant Deficient A,B,C-M,C

Blood pressure, pulse, respiration and temperature should be taken and recorded prior to surgery.

**600.011.030** Compliant Deficient A,B,C-M,C

The ambulatory surgery center must have documentation of properly executed informed patient consent forms.

416.47.b.7 Standard

**600.012      Miscellaneous****600.012.015**     Compliant     Deficient    A,B,C-M,C

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

---

**600.012.020**     Compliant     Deficient    A,B,C-M,C

The ambulatory surgery facility must have a written policy for retention, preservation and confidentiality of medical records.

---

**600.012.025**     Compliant     Deficient    A,B,C-M,C

Ambulatory surgery center laboratories must meet the requirements of part 493 of 42 CFR.

---

**600.012.030**     Compliant     Deficient    A,B,C-M,C

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.

---

**600.012.035**     Compliant     Deficient    A,B,C-M,C**416.49 Condition for Coverage - Laboratory and Radiologic Services.**

(b) *Standard: radiologic Services.* (Found in the Code of Federal Regulations, part 416.49(b); Radiologic Services).

416.49 Condition

**600.012.040**     Compliant     Deficient    A,B,C-M,C

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.

416.49.a Standard

---

**600.012.045**     Compliant     Deficient    A,B,C-M,C

All laboratories must be CLIA approved according to CLIA requirements.

416.49.a Standard

**600.020**

**Informed Consent Forms**

**600.020.010**

Compliant  Deficient

A,B,C-M,C

An informed consent is routinely obtained which specifically authorizes the surgeon, by name, to perform surgery and names or describes the operative procedure.

**600.020.011**

Compliant  Deficient

A,B,C-M,C

Expectations, alternatives, risks and complications are discussed with the patient and documented.

**600.020.020**

Compliant  Deficient

A,B,C-M,C

The informed consent form provides consent for administration of anesthesia or sedatives under the direction of the surgeon, CRNA or anesthesiologist.

**600.020.025**     Compliant     Deficient    A,B,C-M,C

Advance Directives. The ASC must comply with the following requirement:  
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

---

**600.020.026**     Compliant     Deficient    A,B,C-M,C

Advance Directives. The ASC must comply with the following requirement:  
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.2 Standard

---

**600.020.027**     Compliant     Deficient    A,B,C-M,C

Advance Directives. The ASC must comply with the following requirement:  
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.3 Standard

---

**600.030****Laboratory, Pathology, X-Ray, Consultation and Treating Physician Reports****600.030.010** Compliant       Deficient      A,B,C-M,C

Printed or written copies of these reports are kept in the medical record.

**600.030.020** Compliant       Deficient      A,B,C-M,C

All laboratory results must be reviewed by the R.N. or surgeon. All abnormal results must be reviewed and initialed by the surgeon.

**600.030.025** Compliant       Deficient      A,B,C-M,C

Outside clinical laboratory procedures must be performed by a licensed and accredited facility.

**600.030.030** Compliant       Deficient      A,B,C-M,C

All other reports such as pathology reports and medical clearance reports are reviewed and initialed by the surgeon.

**600.030.035** Compliant       Deficient      A,B,C-M,C

The name of the pathologist must be on all pathology reports.

**600.030.040** Compliant       Deficient      A,B,C-M,C

The name of the health care provider appears on the report.

**600.030.050** Compliant       Deficient      A,B,C-M,C

If tests/studies are done in the facility, the laboratory meets applicable licensure, standards and Clinical Laboratory Improvement Act (CLIA) regulation.

## AAAASF Medicare 6.5

**600.030.051**     Compliant     Deficient    A,B,C-M,C

Services provided through contract must be provided in a safe and effective manner, and performed by licensed and accredited facilities. The name of the pathologist should be noted on all pathology reports. (As found in the Code of Federal Regulations, Part 416.49; Laboratory and Radiologic Services).

**600.030.055**     Compliant     Deficient    A,B,C-M,C

All surgical specimens must get submitted for pathological processing except those exempted by the governing body.

**600.030.060**     Compliant     Deficient    A,B,C-M,C

Tissue specimens from surgical procedures that are to be submitted for pathologic processing must be properly labeled.

**600.030.065**     Compliant     Deficient    A,B,C-M,C

If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services provided in a safe and effective manner from a certified laboratory in accordance with Part 493 of this chapter. 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. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.49 Laboratory and radiologic services; Standard: (b) Radiologic Services).

416.49.a Standard

**600.040      O.R. Records - Major Cases**

---

**600.040.001**      Compliant         Deficient                    B,C-M,C

A separate surgical log of major cases is maintained, either in a hard copy bound log with sequentially numbered pages, or in a secured computer log. Procedures done solely under local anesthesia are not required to be recorded in this log.

---

**600.040.002**      Compliant         Deficient                    B,C-M,C

A Surgical Log must include: Sequential numerical listing of patients (either consecutive numbering from the first case done in the facility or consecutive numbers each year).

---

**600.040.003**      Compliant         Deficient                    B,C-M,C

A Surgical Log must include: Date of surgery.

---

**600.040.004**      Compliant         Deficient                    B,C-M,C

A Surgical Log must include: Patient's name and/or identification number.

---

**600.040.005**      Compliant         Deficient                    B,C-M,C

A Surgical Log must include: Procedure(s)/Surgery(s).

---

**600.040.006**      Compliant         Deficient                    B,C-M,C

A Surgical Log must include: Surgeon's name.

---

## AAAASF Medicare 6.5

**600.040.007**     Compliant     Deficient    B,C-M,C

A Surgical Log must include: Type of anesthesia.

---

**600.040.008**     Compliant     Deficient    B,C-M,C

A Surgical Log must include: Name of person(s) administering anesthesia.

---

**600.040.009**     Compliant     Deficient    B,C-M,C

A Surgical Log must include: Name of person(s) assisting surgeon (M.D./R.N./Scrub Tech/Circulating R.N.), Physicians Assistant.

---

**600.040.010**     Compliant     Deficient    B,C-M,C

A separate anesthesia record is maintained in each patient's medical record.

---

**600.040.011**     Compliant     Deficient    B,C-M,C

Vital signs are recorded during surgery.

---

**600.040.012**     Compliant     Deficient    B,C-M,C

All medications given to a patient are recorded by date, time and dosage.

---

**600.040.013**     Compliant     Deficient    B,C-M,C

All intravenous and subcutaneously administered fluids given pre-operatively, intra-operatively, and post-operatively are recorded as to type and volume.

## AAAASF Medicare 6.5

**600.040.020**     Compliant     Deficient    B,C-M,C

Post-operative vital signs are recorded at suitable intervals until the patient is discharged from the facility.

416.52.b Standard

---

**600.040.030**     Compliant     Deficient    B,C-M,C

There is an operative report which includes operative technique, unusual findings and unanticipated sequelae.

---

**600.040.040**     Compliant     Deficient    B,C-M,C

Post-operative progress notes are recorded.

---

**700****QUALITY ASSESSMENT/QUALITY IMPROVEMENT****700.010****Quality Improvement****700.010.005** Compliant  Deficient

A,B,C-M,C

The ASC, with the active participation of the medical staff, must conduct an ongoing, comprehensive self-assessment of the quality of care provided, including medical necessity of procedures performed and appropriateness of care, and use of findings, when appropriate, in the revision of the center policies and consideration of clinical privileges.

416.43.a Standard

**700.010.011** Compliant  Deficient

A,B,C-M,C

*The governing body has oversight as follows:*

The facility has a written Quality Improvement Program in place which must include pertinent surveys or projects which: Monitors and evaluates the quality of patient care.

**700.010.012** Compliant  Deficient

A,B,C-M,C

The facility has a written Quality Improvement Program in place which must include pertinent surveys or projects which: Evaluates methods to improve patient care.

416.43.c Standard

**700.010.013** Compliant  Deficient

A,B,C-M,C

The facility has a written Quality Improvement Program in place which may include pertinent surveys or projects which: Identify and corrects deficiencies within the facility and which carries out an ongoing, comprehensive, self- assessment of the quality of care provided.

---

**700.010.014**     Compliant     Deficient    A,B,C-M,C

The facility has a written Quality Improvement Program in place which may include pertinent surveys or projects which: Alerts the Medical Director to identify and resolve recurring problems.

---

**700.010.015**     Compliant     Deficient    A,B,C-M,C

**416.43 Quality assessment and performance improvement.**

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

416.43 Condition

---

**700.010.040**     Compliant     Deficient    A,B,C-M,C

(a) *Standard: Program scope.* (1) 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

---

**700.010.041**     Compliant     Deficient    A,B,C-M,C

(2) 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

---

**700.010.046**     Compliant     Deficient    A,B,C-M,C

(c) *Standard: Program activities.* (1) The ASC must set priorities for its performance improvement activities that—

(i) Focus on high risk, high volume, and problem-prone areas.

416.43.c.1 Standard

416.43.c.1.(i) Standard

---

**700.010.047**     Compliant     Deficient    A,B,C-M,C

(ii) Consider incidence, prevalence, and severity of problems in those areas.

416.43.c.1.(ii) Standard

---

**700.010.048**     Compliant     Deficient    A,B,C-M,C

(iii) Affect health outcomes, patient safety, and quality of care.

416.43.c.1.(iii) Standard

---

**700.010.049**     Compliant     Deficient    A,B,C-M,C

(2) 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

---

**700.010.050**     Compliant     Deficient    A,B,C-M,C

(3) 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

---

**700.010.052**     Compliant     Deficient    A,B,C-M,C

(d) *Standard: Performance improvement projects.* (1) 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 Standard

416.43.d.1 Standard

---

**700.010.053**     Compliant     Deficient    A,B,C-M,C

(2) 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

---

**700.010.055**     Compliant     Deficient    A,B,C-M,C

(b) *Standard: Program data* (1) The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC.

416.43.b Standard

416.43.b.1 Standard

---

**700.010.057**     Compliant     Deficient    A,B,C-M,C

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.(i) Standard

416.43.b.2 Standard

---

**700.010.058**     Compliant     Deficient    A,B,C-M,C

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

---

**700.010.061**     Compliant     Deficient    A,B,C-M,C

(e) *Standard: Governing body responsibilities.* The governing body must ensure that the QAPI program—  
(1) Is defined, implemented, and maintained by the ASC.

416.43.e.1 Standard

416.43.e Standard

---

**700.010.062**     Compliant     Deficient    A,B,C-M,C

(2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness.

416.43.e.2 Standard

---

**700.010.063**     Compliant     Deficient    A,B,C-M,C

(3) Specifies data collection methods, frequency, and details.

416.43.e.3 Standard

---

**700.010.064**     Compliant     Deficient    A,B,C-M,C

(4) Clearly establishes its expectations for safety.

416.43.e.4 Standard

**700.010.065**

Compliant  Deficient

A,B,C-M,C

(5) Adequately allocates sufficient staff, time, information systems and training to implement the QAPI program. (From the Code of Federal Regulations, Part 416.43; Quality Assessment and Performance Improvement.)

416.43.e.5 Standard

---

**700.020****Peer Review****700.020.000** Compliant       Deficient      A,B,C-M,C

*Note: To be HIPAA compliant, a copy of the HIPAA Business Associates Agreement must be signed by each physician participating in Peer Review, and a copy is retained on file in the facility. For an example of a generic HIPAA Business Associates Agreement, contact the AAAASF central office.*

**700.020.010** Compliant       Deficient      A,B,C-M,C

Peer review is performed at least every six months and includes reviews of both Random Cases and Unanticipated Operative Sequelae using the required AAAASF forms and reporting format. A random sample of the cases for each surgeon must include the first case done by each surgeon each month during the reporting period for a total of six cases. If a surgeon using the facility has done less than six cases during a reporting period, that fact must be reported to the Central Office and all of that surgeon's cases during that period must be reported.

**700.020.020** Compliant       Deficient      A,B,C-M,C

If peer review sources external to the facility are used to evaluate delivery of medical care, the patient consent form is so written as to waive confidentiality of the medical records.

**700.020.030** Compliant       Deficient      A,B,C-M,C

Peer Review is done by a recognized peer review organization or a physician, podiatrist, or oral and maxillofacial surgeon, other than the operating room surgeon.

**700.030      Random Case Review**

**700.030.010**     Compliant     Deficient    A,B,C-M,C

A minimum of six cases for each surgeon operating in the facility are reviewed every six months, or all cases of the surgeons who have cases must be reviewed if less than six cases have been completed.

**700.030.021**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Adequacy and legibility of history and physical exam.

**700.030.022**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Adequacy and appropriateness of surgical consent form.

**700.030.023**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Presence of appropriate laboratory, EKG and radiographic reports.

**700.030.024**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Presence of a dictated or written operative report or its equivalent.

**700.030.025**     Compliant     Deficient    B,C-M,C

Random case reviews must include assessment of: Anesthesia record (with IV sedation or general).

**700.030.026**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Presence of instructions for post-operative and follow-up care.

**700.030.027**     Compliant     Deficient    A,B,C-M,C

Random case reviews must include assessment of: Documentation of complications.

**700.040      Unanticipated Operative Sequelae**

---

**700.040.011**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Unplanned hospital admission.

---

**700.040.012**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Unscheduled return to the operating room for complication of a previous procedure.

---

**700.040.013**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Untoward result of procedure such as infection, bleeding, wound dehiscence or inadvertent injury to other body structure.

---

**700.040.014**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Cardiac or respiratory problems during stay at facility or within 48 hours of discharge.

---

**700.040.015**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Allergic reaction to medication.

---

**700.040.016**      Compliant      Deficient    A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Incorrect needle or sponge count.

---

## AAAASF Medicare 6.5

**700.040.017**  Compliant  Deficient A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Patient or family complaint.

**700.040.018**  Compliant  Deficient A,B,C-M,C

All Unanticipated Operative Sequelae which occur within 30 days of surgery are reviewed, including but not limited to: Equipment malfunction leading to injury or potential injury to patient.

**700.040.021**  Compliant  Deficient A,B,C-M,C

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed: Identification of the problem.

**700.040.022**  Compliant  Deficient A,B,C-M,C

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed:  
Immediate treatment or disposition of the case.

**700.040.023**  Compliant  Deficient A,B,C-M,C

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed:  
Outcome.

**700.040.024**  Compliant  Deficient A,B,C-M,C

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed:  
Analysis of reason for problem.

**700.040.025**  Compliant  Deficient A,B,C-M,C

Each Unanticipated Operative Sequelae chart review includes the following information, in addition to the operative procedure performed:  
Assessment of efficacy of treatment.

## AAAASF Medicare 6.5

**700.040.050**

Compliant  Deficient

A,B,C-M,C

Death occurring within 30 days of a procedure done in an AAAASF accredited facility and must be reported to the AAAASF office within 5 days of notification of the death.

---

**700.050****Patient's Bill of Rights****700.050.010** Compliant  Deficient

A,B,C-M,C

A Patient's Bill of Rights is prominently displayed 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 and a copy is provided to each patient, patients representative or surrogate. Patients Bill of Rights to be edited to include: Name, phone numbers, website information for the Office of the Medicare Beneficiary Ombudsman.

Complete information concerning the physician financial interest or ownership may be found in the Federal Register, November 19, 2008, subchapter 420, and must be provided to each patient in advance of the date of the procedure.

(Found in the Code of The Federal Register, Part 416.50; Patient Rights).

416.50 Condition

---

**700.050.020** Compliant  Deficient

A,B,C-M,C

The patient's bill of rights is adhered to by the facility personnel.

(Found in the Code Federal Regulations, part 416.50(a); Notice of Rights).

---

**700.050.050** Compliant  Deficient

A,B,C-M,C

The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights prior to the start of the surgical procedure in a language and manner that the patient or the patient's representative understands. In addition, the ASC must --

416.50.a Standard

---

---

**700.050.051**     Compliant     Deficient    A,B,C-M,C

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

416.50.a Standard

---

**700.050.052**     Compliant     Deficient    A,B,C-M,C

The ASC must also disclose, where applicable, physician financial interests or ownership in the ASC facility, and where applicable, provide a list of physicians who have financial interest or ownership in the ASC facility in accordance with the intent of Part 420 of this subchapter. Disclosure of information must be in writing and furnished to the patient in advance of the date of the procedure. (Found in the Code of Federal Regulations, part 416.50(b); Physician Financial Disclosure).

416.50.b Standard

---

**700.050.055**     Compliant     Deficient    A,B,C-M,C

The ASC must inform the patient or patient's representative of the patient's rights, and must protect and promote the exercise of such rights. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.50 Patient Rights; Standard: (b) Exercise of Rights).

416.50 Condition

---

**700.060      Competency, Grievances**

---

**700.060.015**     Compliant     Deficient    A,B,C-M,C

(2) 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

---

**700.060.016**     Compliant     Deficient    A,B,C-M,C

(3) 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

---

**700.060.026**     Compliant     Deficient    A,B,C-M,C

416.50(e) Standard: Exercise of rights and respect for property and person.

(1) The patient has the right to the following:

416.50.e Standard

416.50.e.1 Standard

---

**700.060.027**     Compliant     Deficient    A,B,C-M,C

The patient has the right to: Be free from any act of discrimination or reprisal.

416.50.e.1.(i) Standard

---

**700.060.028**     Compliant     Deficient    A,B,C-M,C

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

---

**700.060.029**     Compliant     Deficient    A,B,C-M,C

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

---

**700.060.030**     Compliant     Deficient    A,B,C-M,C

(g) *Standard: Confidentiality of clinical records.* The ASC must comply with the Department of Health and Human Services' rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164.

416.50.g Standard

---

**700.060.041**     Compliant     Deficient    A,B,C-M,C

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. (Found in the Code of the Federal Register, part 416.50(d): Patient Grievance Procedure).

416.50.d Standard

---

**700.060.042**     Compliant     Deficient    A,B,C-M,C

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

**700.060.043**  Compliant  Deficient A,B,C-M,C

All allegations must be immediately reported to a person in authority in the ASC.

416.50.d.2 Standard

---

**700.060.044**  Compliant  Deficient A,B,C-M,C

Only substantiated allegations must be reported to the State authority or the local authority, or both.

416.50.d.3 Standard

---

**700.060.045**  Compliant  Deficient A,B,C-M,C

The grievance process must specify timeframes for review of the grievance and the provisions of a response.

416.50.d.4 Standard

---

**700.060.046**  Compliant  Deficient A,B,C-M,C

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

---

**700.060.047**  Compliant  Deficient A,B,C-M,C

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

## AAAASF Medicare 6.5

**700.060.051**     Compliant     Deficient    A,B,C-M,C

The patient has a right to: Personal Privacy

416.50.f Standard

416.50.f.1 Standard

---

**700.060.052**     Compliant     Deficient    A,B,C-M,C

The patient has a right to: Receive care in a safe setting.

416.50.f.2 Standard

---

**700.060.053**     Compliant     Deficient    A,B,C-M,C

The patient has a right to:  
Be free from all forms of abuse or harassment.

416.50.f.3 Standard

---

**800****PERSONNEL****800.005****Medical Director**

*The Medical Director must have an M.D. Or D.O. degree.*

---

**800.005.010**

Compliant  Deficient

A,B,C-M,C

The Medical Director must be a physician currently licensed by the State in which the facility is located.

---

**800.005.015**

Compliant  Deficient

A,B,C-M,C

The Medical Director must be a physician either certified by an ABMS certifying board or a Board Certified Anesthesiologist or a Doctor of Osteopathy certified by the American Osteopathic Association Bureau of Osteopathic Specialists in one or more of the eighteen specialty boards recognized and in accordance with all local, state and/or federal regulations.

---

**800.005.020**

Compliant  Deficient

A,B,C-M,C

The Medical Director must be board certified and practicing in the same surgical specialty.

---

**800.005.025**

Compliant  Deficient

A,B,C-M,C

The Medical Director must be actively involved in the routine direction and management of the facility.

---

**800.010****Staff Physicians, Podiatrists, or Oral Surgeons****800.010.005** Compliant       Deficient

A,B,C-M,C

The staff is responsible to the ASC.

**800.010.010** Compliant       Deficient

A,B,C-M,C

Each physician, podiatrist, or oral and maxillofacial surgeon using the facility is credentialed and qualified for the surgical procedures they perform.

**800.010.020** Compliant       Deficient

A,B,C-M,C

Each physician, podiatrist, or oral maxillofacial surgeon using the facility has core privileges in their specialty at a licensed acute care hospital, and all surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.42 Surgical Services; Standard: Anesthetic Risk and Evaluation).

416.42 Condition

**800.010.040** Compliant       Deficient

A,B,C-M,C

All individuals using the facility must meet one of the following criteria:

- 1) Board Certified or Board admissible physicians in an American Board of Medical Specialties (ABMS medical or surgical specialty).
- 2) A Doctor of Osteopathy certified or admissible for certification by the American Osteopathic Association Bureau of Osteopathic Specialists in one or more of the eighteen specialty boards recognized.
- 3) A podiatrist certified or admissible for certification by the American Board of Podiatric Surgery (ABPS) and in accordance with all local, state and/or federal regulations.

ABMS certified or eligible medical specialists who perform procedures within the accredited facility may perform only those procedures delineated in their ABMS Board Certification and/or covered by AMA Core Principle #7. AOA certified or eligible physicians who perform procedures within the accredited facility may perform only those procedures delineated in their AOA Board Certification and/or covered by AMA Core Principle #7. Podiatrists may perform in an AAAASF accredited facility only those procedures for which they hold valid and unrestricted hospital privileges (or Core Privileges) in their specialty at a duly accredited and/or licensed hospital, or which are delineated in their American Board of Podiatric Surgery (ABPS) Certification.

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.”

---

**800.010.050**     Compliant     Deficient    A,B,C-M,C

Each physician, podiatrist or oral and maxillofacial surgeon must currently be licensed by the state in which they practice. Copies of each physician's, podiatrist's or oral surgeon's current license must be maintained on file in the facility.

---

**800.010.055**     Compliant     Deficient    A,B,C-M,C

If the physician, podiatrist, or oral and maxillofacial surgeon does not hold admitting privileges at a hospital within 30 minutes driving time, there must be a signed and dated document from a person in the same specialty who has admitting privileges in a hospital within 30 minutes driving time that indicates their willingness to admit the patient to the hospital.

---

**800.010.060**     Compliant     Deficient    A,B,C-M,C

Physicians, podiatrists or oral and maxillofacial surgeons who operate 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 surgical 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, oral surgeon or podiatrist to be credentialed for a specific surgery, the physician, podiatrist, or oral and maxillofacial surgeon may provide alternative evidence of training and competence in that surgery. Individual consideration will be given if the physician, podiatrist, or oral and maxillofacial surgeon 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.

---

**800.010.065**     Compliant     Deficient    A,B,C-M,C

Licensed practical nurses or vocational nurses may be employed in the facility.

---

**800.010.070**     Compliant     Deficient    A,B,C-M,C

There must be a registered nurse available for emergency treatment whenever there is a patient in the ambulatory surgery facility.

416.46.a Standard

## AAAASF Medicare 6.5

**800.010.075**  Compliant  Deficient A,B,C-M,C

All nursing staff must hold a current license for the state in which the facility is located.

**800.010.080**  Compliant  Deficient A,B,C-M,C

Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available when ever a patient is in the ambulatory surgery facility.

416.44.d Standard

**800.010.085**  Compliant  Deficient A,B,C-M,C

A physician, CRNA or RN with Advanced Cardiac Life Support (ACLS) certification or who is otherwise qualified in resuscitation is immediately available until all patients have been discharged from the surgical facility.

**800.010.090**  Compliant  Deficient A,B,C-M,C

Patient care responsibilities must be delineated for all nursing service personnel.

416.46.a Standard

**800.010.095**  Compliant  Deficient A,B,C-M,C

416.46 Nursing Services

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.a Standard  
416.46 Condition

**800.10.100**  Compliant  Deficient A,B,C-M,C

(a) *Standard: Membership and clinical privileges.* 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

---

**800.010.105**     Compliant     Deficient    A,B,C-M,C

(b) *Standard: Reappraisals.* 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

---

**800.010.110**     Compliant     Deficient    A,B,C-M,C

(c) *Standard: Other practitioners.* 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

---

**800.010.115**     Compliant     Deficient    A,B,C-M,C

Any change in the physician, podiatrist or oral and maxillofacial surgeon staff must be reported in writing to the AAAASF Central Office within thirty days of such changes. Copies of the credentials of any new staff, including their current medical license, ABMS Board Certification, AOA Board Certification or other approved Boards, letter of eligibility or equivalent documentation for podiatrists, oral surgeons and current documentation of hospital privileges or satisfactory explanation for the lack thereof must also be sent to the AAAASF Central Office.

---

**800.010.120**     Compliant     Deficient    A,B,C-M,C

Any action affecting the current professional license of the facility director, a member of the medical staff, a member of the physician pain management staff or other licensed facility staff must be reported in writing to the AAAASF Central Office within ten days of the time the facility director becomes aware of such.

---

**800.020** **Anesthesiologist/CRNA****800.020.010**  Compliant  Deficient B,C-M,C

If anesthesiologists and/or CRNA participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified.

---

**800.020.011**  Compliant  Deficient B,C-M,C

The anesthesiologists and/or CRNA must be licensed by the state in which they practice.

---

**800.020.012**  Compliant  Deficient C-M,C

The anesthesiologists and/or CRNA must be responsible for the administration of dissociative anesthesia with propofol, spinal or epidural blocks, or general anesthesia and monitoring of all life support systems.

---

**800.020.013**  Compliant  Deficient C-M,C

The anesthesiologists and/or CRNA must ensure that all equipment is in proper working order.

---

**800.020.014**  Compliant  Deficient C-M,C

The anesthesiologist and/or CRNA cannot function in any other capacity (e.g., surgical assistant or circulating nurse) during the surgery.

---

**800.020.016**  Compliant  Deficient A,B,C-M,C

Any changes in the physician or podiatrist staff must be reported in writing to the AAAASF Office within thirty days of such changes, with copies of the appropriate credentials of any new staff, including current medical license, ABMS Board Certification or letter of eligibility or equivalent documentation for Podiatrists, and current documentation of appropriate hospital privileges or satisfactory explanation for the lack thereof.

---

**800.020.017**       Compliant       Deficient      A,B,C-M,C

Any action affecting the current medical license of the facility director, a member of the medical staff, a member of the physician pain management staff or other licensed facility staff must be reported in writing to the AAAASF office within ten business days of such action.

---

**800.020.020**       Compliant       Deficient      A,B,C-M,C

Practitioners of Pain management would be required to meet all of the following criteria:

1. Have an M.D. or D.O. degree.
2. Appropriate fellowship training in pain management.
3. Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology.
4. Possess a sub-specialty certification from the American Board of Anesthesiology.
5. Have, or have held, hospital privileges from a hospital located within a 30 minute driving distance concerning the applicable scope of practice for Pain Management.

---

**800.030      O.R. Personnel****800.030.010**    Compliant    Deficient    B,C-M,C

All operating suite personnel are under the immediate supervision of a registered nurse, a physician other than the operating physician, or physician's assistant.

---

**800.030.011**    Compliant    Deficient    B,C-M,C

Must meet acceptable standards as defined by their professional governing bodies, where applicable.

---

**800.030.020**    Compliant    Deficient    B,C-M,C

There is a regularly employed Registered Nurse or physician other than the operating surgeon or Physicians Assistant if in accordance with State Law, currently licensed in the same state as the facility, designated as the person responsible for patient care in the facility.

---

**800.030.021**    Compliant    Deficient    B,C-M,C

There is a regularly employed Registered Nurse or physician other than the operating surgeon or Physicians Assistant if in accordance with State Law who is responsible for the operation of the entire operating room suite and all patient care areas.

---

**800.040      Personnel Records****800.040.010**     Compliant     Deficient    A,B,C-M,C

There is a manual outlining personnel policies.

---

**800.040.011**     Compliant     Deficient    A,B,C-M,C

The manual contains personnel policies and records which are maintained according to OSHA and HIPAA guidelines.

Individual or personal information such as previous employment, health information (except state & OSHA required immunization and tests), disabilities, performance reviews and employment is protected and of no interest to the AAAASF inspector. However, the inspector does need to see that an adequate file is kept on each employee relating to the items listed below. Please have only this data available for each employee separate from the employee file.

**Important: Employee information must remain strictly confidential.**

---

**800.040.012**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: 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

---

**800.041**

**Records and Experience**

**800.041.010**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Resume of training and experience.

**800.041.011**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Current certification or license if required by the state.

**800.041.012**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Date of employment.

**800.041.013**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Description of duties.

**800.041.014**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Record of continuing education.

**800.041.015**

Compliant  Deficient A,B,C-M,C

Personnel records must contain the following: Inoculation or refusals.

**800.042      Safety Training**

**800.042.010**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: Hazard Safety Training.

---

**800.042.011**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: Bloodborne Pathogens.

---

**800.042.012**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: Universal Precautions.

---

**800.042.013**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: Other safety training such as operation of a fire extinguisher.

---

**800.042.014**     Compliant     Deficient    A,B,C-M,C

Personnel records must contain the following: At least Basic Cardiopulmonary Life Support (BCLS) certification but preferably Advanced Cardiac Life Support (ACLS) for each O.R. and recovery room team member.

---

**800.050** **Knowledge, Skill & CME Training****800.050.010**  Compliant  Deficient A,B,C-M,C

The operating room personnel have adequate knowledge to treat cardiopulmonary and anaphylactic emergencies. It is strongly recommended that at least one member of the operating room team, preferably the surgeon or the anesthesia care giver, shall hold current ACLS certification, or shall be otherwise qualified to treat cardiopulmonary and anaphylactic emergencies. (Such ACLS certification shall become mandatory after January 1, 2005).

**800.050.015**  Compliant  Deficient A,B,C-M,C

The ambulatory surgery facility staff must have training for new surgery center personnel.

**800.050.020**  Compliant  Deficient A,B,C-M,C

The operating room personnel are familiar with the equipment and procedures utilized in the treatment of the above emergencies.

**800.050.025**  Compliant  Deficient A,B,C-M,C

Certified Operating Room Technicians should be certified by those states that provide licensing certification.

**800.050.030**  Compliant  Deficient A,B,C-M,C

If a gas sterilizer is used, personnel are thoroughly familiar with the operating instructions.

**800.050.035**  Compliant  Deficient A,B,C-M,C

The Certified Operating Room Technician must not only be trained but also supervised by the operating surgeon.

**800.060**      **Personnel Safety****800.060.010**      Compliant      Deficient      A,B,C-M,C

If a gas sterilizer is used, appropriate personnel are badge tested to insure that there is no significant ethylene oxide exposure.

---

**800.060.020**      Compliant      Deficient      C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

---

**800.060.030**      Compliant      Deficient      A,B,C-M,C

There is a written policy for what is considered to be appropriate personal protective equipment for specific tasks in the facility (e.g., instrument cleaning, disposal of biological waste, surgery, etc.).

---

**900****GOVERNANCE****900.010** **Governing Body****900.010.010**  Compliant  Deficient A,B,C-M,C

The ASC has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing ASC'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. (Found in the Code of Federal Regulations; Part 416 - Ambulatory Surgical Services; 416.41 Governing Body and Management; Section 416.41).  
 416.41 Condition

**900.010.011**  Compliant  Deficient A,B,C-M,C

The governing body: Sets policy on how individual surgeons deal with each other and external parties.

**900.010.012**  Compliant  Deficient A,B,C-M,C

The governing body: Sets policy on surgeons role in properly dealing with patients.

**900.010.020**  Compliant  Deficient A,B,C-M,C

The governing body: Is regulated by a governing document that has the consent of each member of the body.

**900.010.030**  Compliant  Deficient A,B,C-M,C

The rules and regulations of the governing body are reviewed and revised at least annually.

**900.010.040**  Compliant  Deficient A,B,C-M,C

Deficiencies within the ASC or within the rules and regulations are identified and remedied.

---

**900.010.050**     Compliant     Deficient    A,B,C-M,C

The minutes of each official “Governance” meeting are recorded and filed with the original governing rules and regulations.

---

**900.010.060**     Compliant     Deficient    A,B,C-M,C

The governing body: Has a policy for addressing potential conflicts of interest.

---

**900.010.070**     Compliant     Deficient    A,B,C-M,C

Full disclosure of ownership is known and available to all employees and patients.

---

**900.021****Mission and Structure****900.021.010** Compliant  Deficient

A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including: Determining the mission and goals of the ASC, including the types of services provided and for determining, implementing, and monitoring policies governing the ASC's total operation.

**900.021.011** Compliant  Deficient

A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including: Determining the organizational structure.

**900.021.012** Compliant  Deficient

A,B,C-M,C

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.

**900.021.013** Compliant  Deficient

A,B,C-M,C

The governing body: Assumes full responsibility for reviewing and taking appropriate action on legal affairs of the ASC and its staff.

**900.021.014** Compliant  Deficient

A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including: Adopting a quality assurance and improvement program.

**900.021.015** Compliant  Deficient

A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including: Ensuring financial responsibility.

**900.021.016**     Compliant     Deficient    A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including: Establishing a policy on patient's rights (Patient's Bill of Rights).

**900.021.017**     Compliant     Deficient    A,B,C-M,C

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, radiologic, pathologic, and anesthesia services.

**900.021.018**     Compliant     Deficient    A,B,C-M,C

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.

**900.021.019**     Compliant     Deficient    A,B,C-M,C

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.

416.49.b Standard

**900.021.020**     Compliant     Deficient    A,B,C-M,C

**416.45 Medical Staff**

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

416.45 Condition

**900.030**      **Personnel**

**900.030.010**            Compliant            Deficient      A,B,C-M,C

The appointment of administrative personnel is documented.

---

**900.030.020**            Compliant            Deficient      A,B,C-M,C

The personnel of the ASC are provided with job descriptions that include the authority, responsibility and functions of their respective positions.

---

**900.040**      **Administrator****900.040.001**       Compliant       Deficient      A,B,C-M,C

The Administrator does not need to be a member of the governing body.

---

**900.040.002**       Compliant       Deficient      A,B,C-M,C

The Administrator may be appointed as ASC's manager.

---

**900.040.010**       Compliant       Deficient      A,B,C-M,C

The Administrator is responsible for: Employing qualified personnel.

---

**900.040.011**       Compliant       Deficient      A,B,C-M,C

The Administrator is responsible for: Ensuring the delivery of quality care.

---

**900.040.012**       Compliant       Deficient      A,B,C-M,C

The Administrator is responsible for: Protecting the assets of the facility.

---

**900.040.013**       Compliant       Deficient      A,B,C-M,C

The Administrator is responsible for: Establishing and controlling the medical records of the ASC.

---

**900.050****Facility Use****900.050.010** Compliant  Deficient

A,B,C-M,C

The governing body is responsible for the approval of the physicians who use the ASC and for granting clinical privileges for qualified physicians performing surgical procedures in accordance with approved policies and procedures of the ASC.

**900.050.020** Compliant  Deficient

A,B,C-M,C

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.

**900.050.025** Compliant  Deficient

A,B,C-M,C

The governing body of the ambulatory surgery center must specify that policies are implemented so as to provide quality health care within a safe environment in the ambulatory surgery facility.

**900.050.030** Compliant  Deficient

A,B,C-M,C

ASC usage is determined by the governing body by appropriate licensure, board certification, education, experience and peer review.

**900.050.035** Compliant  Deficient

A,B,C-M,C

The governing body of the ambulatory surgery center is responsible for the implementation of all necessary policies regarding drugs and biologicals.

**900.050.040** Compliant  Deficient

A,B,C-M,C

ASC privileges that the governing body approves are specific to each individual.

**900.050.045** Compliant  Deficient

A,B,C-M,C

The governing body must assure that all outside contract services are provided in a safe and effective manner.

**900.060      Patient's Bill of Rights**

**900.060.010**    Compliant    Deficient    A,B,C-M,C

The governing body adheres to and promotes the AAAASF "Patient's Bill of Rights".

---

**1000****ANESTHESIA****1000.000.001** Compliant  Deficient

A,B,C-M,C

All anesthetics are delivered by either a physician qualified to administer anesthesia, 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 under the supervision of a qualified anesthesiologist or by a supervised trainee in an approved educational program. Intravenous sedation other than Propofol may be administered by a trained registered nurse under the supervision of a qualified physician. (Found in AAAASF Standard 1000.000.003 [42 CFR 416.42(b)]; Administration of Anesthesia).

416.42.b.1 Standard

416.42.b.2 Standard

**1000.000.003** Compliant  Deficient

A,B,C-M,C

(b) *Standard: Administration of anesthesia.* Anesthetics must be administered by only- The qualified physician and/or anesthesiologist who is responsible for supervising the administration of anesthesia must have knowledge in anesthetics and resuscitative techniques appropriate for the type of anesthesia being administered.

416.42.b Standard

**1000.000.005** Compliant  Deficient

A,B,C-M,C

There must be a pre-procedure note on the day of surgery by a physician or individual qualified to administer anesthesia which evaluates the patient's current status for surgery.

**1000.000.006** Compliant  Deficient

A,B,C-M,C

(c) *Standard: State Exemption.* (1) An ASC may be exempted from the requirement for physician supervision of CRNAs as described in paragraph (b)(2) of this section, 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. (Found in the Code of Federal Regulation, part 416.42; State Exemption).

416.42.c Standard

416.42.c.1 Standard

**1000.001      State Exemption**

**1000.001.008**    Compliant    Deficient    A,B,C-M,C

(2) 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

---

**1000.010      Pre-Anesthesia Care**

---

**1000.010.000**      Compliant      Deficient    A,B,C-M,C

If children are operated upon in the facility, there should be a written policy defining the unique and peri-operative care of pediatric patients. This is based upon considerations of age, risk categories, surgery, facility equipment and capability.

---

**1000.010.005**      Compliant      Deficient    A,B,C-M,C

Written policy for pediatric patients is available and current.

---

**1000.010.010**      Compliant      Deficient    A,B,C-M,C

(a) *Standard: Anesthetic risk and evaluation.* (1) A physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed immediately before surgery.

416.42.a Standard

416.42.a.1 Standard

---

**1000.010.011**      Compliant      Deficient    A,B,C-M,C

A physician must verify that an anesthesia care plan has been appropriately developed and documented; and:

---

**1000.010.021**      Compliant      Deficient    A,B,C-M,C

The anesthetic care plan is based on: A review of the medical record available.

---

**1000.010.022**      Compliant      Deficient    A,B,C-M,C

The anesthetic care plan is based on: Medical history.

## AAAASF Medicare 6.5

**1000.010.023** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: Prior anesthetic experiences.

**1000.010.024** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: Drug therapies.

**1000.010.025** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: Medical examination and assessment of any physical conditions that might affect the decision about the preoperative risk management.

**1000.010.026** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: A review of the medical tests and consultations that might reflect on the anesthesia administration.

**1000.010.027** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: A determination relative to the appropriate preoperative medications needed for the conduct of anesthesia. Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined at § 410.69 of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

**1000.010.028** Compliant Deficient A,B,C-M,C

The anesthetic care plan is based on: Providing appropriate preoperative instructions and other preparation as needed.

**1000.020      Anesthetic Monitoring**

**1000.020.001**    Compliant    Deficient    A,B,C-M,C

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

If responsible for supervising the administration of anesthesia or providing anesthesia, the qualified physician must be physically present in the operating suite throughout the conduct of all anesthetics.

---

**1000.020.002**    Compliant    Deficient    C

*Patient monitoring during anesthesia will consist of:*

**Oxygenation**

Oxygenation is assessed by O<sub>2</sub> analyzer if an anesthesia machine is used during general anesthesia which also includes an alarm for low O<sub>2</sub> concentration.

---

**1000.020.003**    Compliant    Deficient    B,C-M,C

Oxygenation is assessed by pulse oximetry.

---

**1000.020.004**    Compliant    Deficient    B,C-M,C

Adequate illumination is available to assess patient color.

---

**1000.020.005**    Compliant    Deficient    B,C-M,C

Ventilation is noted by chest excursion.

---

**1000.020.006**    Compliant    Deficient    C

Ventilation is noted by breathing bag reservoir.

---

**1000.020.007**    Compliant    Deficient    C

Ventilation is noted by auscultation of breath sounds.

---

**1000.020.008**    Compliant    Deficient    C

Ventilation is noted by monitoring of end tidal expired CO<sub>2</sub> including volume, Capnography/Capnometry or mass spectroscopy.

---

**1000.020.009**    Compliant    Deficient    C

Ventilation is noted by proper position of the endotracheal tube or laryngeal mask.

---

**1000.021**    **Circulation Monitoring**

---

**1000.021.001**    Compliant    Deficient    C

The mechanical ventilator should have a continuous use device which indicates a disconnect via an audible signal.

---

**1000.021.002**    Compliant    Deficient    B,C-M,C

Clinical signs are evaluated by continual observation during regional/sedation analgesic.

**1000.022**      **Circulation****1000.022.001**       Compliant       Deficient      B,C-M,C

*Circulation may be monitored by one or several of the following: Continuous EKG during procedure.*

---

**1000.022.002**       Compliant       Deficient      B,C-M,C

*Circulation may be monitored by one or several of the following: Arterial blood pressure every 5 minutes (minimum).*

---

**1000.022.003**       Compliant       Deficient      B,C-M,C

*Circulation may be monitored by one or several of the following: Heart rate every 5 minutes (minimum).*

---

**1000.022.004**       Compliant       Deficient      B,C-M,C

*Circulation may be monitored by one or several of the following: Pulse oximetry.*

---

**1000.022.005**       Compliant       Deficient      C-M,C

*Circulation may be monitored by one or several of the following: Heart auscultation.*

---

**1000.022.006**       Compliant       Deficient      C-M,C

*Circulation may be monitored by one or several of the following: Intra-arterial pressure.*

---

**1000.022.007**       Compliant       Deficient      C-M,C

*Circulation may be monitored by one or several of the following: Ultrasound peripheral pulse monitors pulse plethysmography or oximetry.*

**1000.023**      **Temperature Monitoring****1000.023.011**       Compliant       Deficient      C-M,C

Temperature should be monitored when clinically significant changes in body temperature are intended, suspected or anticipated, and “forced air warmers”, blanket warmers, or other similar devices or other appropriate techniques are utilized, if applicable, to maintain patient temperature.

---

**1000.024**      **Post-Anesthetic Care****1000.024.001**       Compliant       Deficient      B,C-M,C

A post anesthetic care unit (PACU) or recovery room is available to recover all patients after anesthesia administration.

---

**1000.024.002**       Compliant       Deficient      B,C-M,C

If a patient is not sent to PACU there is a specific order for the variance that is documented on the record.

---

**1000.024.003**       Compliant       Deficient      B,C-M,C

Patients transferred to the PACU are accompanied by a member of the anesthesia care team who is knowledgeable about the patient.

---

**1000.024.004**       Compliant       Deficient      B,C-M,C

Patients transferred to the PACU will be continually evaluated and treated as needed during the transport with appropriate monitoring.

---

**1000.025**

**Evaluation in the PACU:**

**1000.025.001**

Compliant  Deficient

B,C-M,C

Evaluation in the PACU will include: Documentation of time of arrival.

---

**1000.025.002**

Compliant  Deficient

B,C-M,C

Evaluation in the PACU will include: Assessment and evaluation of the patient by the anesthesia recovery staff, as well as a responsible physician.

---

**1000.025.003**

Compliant  Deficient

B,C-M,C

Evaluation in the PACU will include: Transmission of a verbal report to PACU team from a member of the anesthesia team who accompanies the patient.

---

**1000.025.004**

Compliant  Deficient

B,C-M,C

Evaluation in the PACU will include: Transference of any pertinent information concerning the pre-op condition or surgery/anesthesia course.

---

**1000.025.005**

Compliant  Deficient

B,C-M,C

A member of the anesthesia care team remains in the post anesthesia care area until the post anesthesia care nurse accepts responsibility for the case being transferred.

---

**1000.026**

**Continued evaluation in the PACU:**

**1000.026.001**

Compliant  Deficient B,C-M,C

Continued evaluation in the PACU will consist of: Observation and monitoring by methods appropriate to the patients condition (O2 saturation, ventilation, circulation, temperature).

---

**1000.026.002**

Compliant  Deficient B,C-M,C

Continued evaluation in the PACU will consist of: Pulse oximetry.

---

**1000.026.003**

Compliant  Deficient B,C-M,C

A written, accurate post anesthetic care report is maintained.

**1000.026.005**

Compliant  Deficient B,C-M,C

There is a written policy that a physician is immediately available until the patient is discharged from the PACU.

---

**1000.027      Discharge for PACU**

**1000.027.001**     Compliant     Deficient    B,C-M,C

A physician is responsible for discharge from the PACU and should be immediately available.

---

**1000.027.002**     Compliant     Deficient    B,C-M,C

Approved and standardized discharge criteria are used.

---

**1000.027.003**     Compliant     Deficient    A,B,C-M,C

(2) Before discharge, a Physician or an anesthetist as defined at §410.69(b) of this chapter, 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

---

**1000.029****Equipment and Supplies****1000.029.001** Compliant       Deficient

B,C-M,C

Equipment and supplies for anesthesia should include: A reliable source of oxygen, adequate for the length of the procedure (back up should consist of at least one full E cylinder).

---

**1000.029.002** Compliant       Deficient

A,B,C-M,C

If a central source of piped oxygen is used, the system must meet all applicable codes.

---

**1000.029.003** Compliant       Deficient

A,B,C-M,C

Equipment and supplies for anesthesia should include: Sufficient space to accommodate the necessary personnel, equipment and monitoring devices is available.

---

**1000.029.004** Compliant       Deficient

A,B,C-M,C

There is an adequate and reliable source of suction.

---

**1000.029.005** Compliant       Deficient

C

An adequate and reliable waste anesthetic scavenging system exists if inhalation anesthetics are used.

---

**1000.029.006** Compliant       Deficient

A,B,C-M,C

Self inflating bags, if used, are capable of delivering positive pressure ventilation with at least 90% oxygen concentration.

**1000.029.007**  Compliant  Deficient **C**

An anesthesia machine is required if volatile agents or nitrous oxide are available in the facility. If total intravenous anesthesia (TIVA), spinal or epidural anesthesia are used exclusively, and no inhalation agents (volatile or nitrous oxide) are used an anesthesia machine is not required.

---

**1000.029.008**  Compliant  Deficient **A,B,C-M,C**

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.

---

**1000.029.009**  Compliant  Deficient **A,B,C-M,C**

Adequate illumination for patients, machines and monitoring equipment includes battery powered illuminating systems or processes.

---

**1000.029.010**  Compliant  Deficient **A,B,C-M,C**

Emergency cart is available with defibrillator, necessary drugs and other CPR equipment.

---

**1000.029.011**  Compliant  Deficient **A,B,C-M,C**

There is a reliable means of two-way communication to necessary personnel in other facility locations.

**1000.029.012**     Compliant     Deficient    A,B,C-M,C

Appropriate testing as per manufacturer specifications are regularly performed and records of that testing are maintained within the facility.

---

**1000.029.014**     Compliant     Deficient    A,B,C-M,C

Appropriately sized pediatric medical equipment is available if services are provided to infants/children.

---

**1000.030      Quality of Care****1000.030.001**     Compliant     Deficient    B,C-M,C

A licensed or qualified anesthesia provider, supervising or providing care in the facility should participate in quality assurance and risk management functions appropriate to the facility.

---

**1000.030.002**     Compliant     Deficient    B,C-M,C

The surgeon 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 patients and qualifications of the providers and the facility resources.

---

**1000.030.003**     Compliant     Deficient    B,C-M,C

Procedures should be of a duration and degree to permit necessary recovery and discharge from the facility.

---

**1000.030.004**     Compliant     Deficient    A,B,C-M,C

A patient who by reason of pre-existing or other medical condition is at undue risk should be referred to alternative facilities that are more appropriate.

---

**1000.031      Transfers/Emergencies**

**1000.031.001**     Compliant     Deficient                    A,B,C-M,C

Anesthesia personnel should review and be familiar with the facility's written emergency protocol for cardio-pulmonary emergencies and other internal and external disasters.

---

**1000.031.002**     Compliant     Deficient                    A,B,C-M,C

Anesthesia personnel should be appropriately trained and knowledgeable about the facility's protocols for a safe and timely transfer of a patient to a pre-specified alternative care facility when extended or emergency services are required for the well-being of the patient.

---

**Please fill out the attached score sheets as part of your 2nd Year or 3rd Year Self Survey. Once completed, fill in the Facility ID and Facility name. Also, have the Director fill in his name, sign, and date. Note that you will be responsible for any updates to the Standards during your 2nd and 3rd Year Self Surveys.**

**Facility ID** \_\_\_\_\_

**Medical Director (print)** \_\_\_\_\_

**Medical Director (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

## AAAASF Medicare 6.5

### **100.10 Basic Mandates**

**100.010.015** Compliant Deficient      **200.010.071** Compliant Deficient

**100.010.020** Compliant Deficient      **200.010.072** Compliant Deficient

**100.010.025** Compliant Deficient      **200.010.080** Compliant Deficient

**100.010.027** Compliant Deficient      **200.20 Sterilization**

**100.010.030** Compliant Deficient      **200.020.010** Compliant Deficient

**100.010.032** Compliant Deficient      **200.020.011** Compliant Deficient

**100.010.035** Compliant Deficient      **200.020.012** Compliant Deficient

**100.010.040** Compliant Deficient      **200.020.020** Compliant Deficient

**100.010.045** Compliant Deficient      **200.020.030** Compliant Deficient

**100.010.050** Compliant Deficient      **200.020.040** Compliant Deficient

**100.010.055** Compliant Deficient      **200.020.050** Compliant Deficient

**100.010.060** Compliant Deficient      **200.020.060** Compliant Deficient

**100.010.065** Compliant Deficient      **200.020.070** Compliant Deficient

**100.010.070** Compliant Deficient      **200.020.071** Compliant Deficient

**100.010.075** Compliant Deficient      **200.020.080** Compliant Deficient

**200.10 Operating Suite**      **200.020.081** Compliant Deficient

**200.010.005** Compliant Deficient      **200.020.090** Compliant Deficient

**200.010.007** Compliant Deficient      **200.020.091** Compliant Deficient

**200.010.010** Compliant Deficient      **200.020.092** Compliant Deficient

**200.010.015** Compliant Deficient      **200.020.093** Compliant Deficient

**200.010.020** Compliant Deficient

**200.010.025** Compliant Deficient

**200.010.035** Compliant Deficient

**200.010.050** Compliant Deficient

**200.010.061** Compliant Deficient

**200.010.062** Compliant Deficient

**200.010.063** Compliant Deficient

**200.010.070** Compliant Deficient

## AAAASF Medicare 6.5

### 200.30 Asepsis

**200.030.010** Compliant Deficient **200.055.035** Compliant Deficient

**200.030.020** Compliant Deficient **200.055.040** Compliant Deficient

**200.030.030** Compliant Deficient **200.055.045** Compliant Deficient

**200.030.040** Compliant Deficient **200.055.050** Compliant Deficient

**200.030.100** Compliant Deficient **200.055.055** Compliant Deficient

### 200.40 Maintenance and Cleaning

**200.040.010** Compliant Deficient **200.055.060** Compliant Deficient

**200.040.030** Compliant Deficient **200.055.065** Compliant Deficient

**200.040.040** Compliant Deficient **200.60 Equipment**

**200.040.050** Compliant Deficient **200.060.010** Compliant Deficient

### 200.50 Surfaces

**200.050.005** Compliant Deficient **200.060.020** Compliant Deficient

**200.050.010** Compliant Deficient **200.060.030** Compliant Deficient

**200.050.020** Compliant Deficient **200.060.050** Compliant Deficient

**200.050.030** Compliant Deficient **200.060.060** Compliant Deficient

**200.050.040** Compliant Deficient **200.060.070** Compliant Deficient

**200.050.041** Compliant Deficient **200.060.080** Compliant Deficient

### 200.55 Infection Control

**200.055.010** Compliant Deficient **200.061.011** Compliant Deficient

**200.055.011** Compliant Deficient **200.061.012** Compliant Deficient

**200.055.015** Compliant Deficient **200.061.013** Compliant Deficient

**200.055.016** Compliant Deficient **200.061.014** Compliant Deficient

**200.055.020** Compliant Deficient **200.061.015** Compliant Deficient

**200.055.021** Compliant Deficient **200.061.016** Compliant Deficient

**200.055.023** Compliant Deficient **200.061.017** Compliant Deficient

**200.055.025** Compliant Deficient **200.061.018** Compliant Deficient

**200.055.030** Compliant Deficient **200.061.019** Compliant Deficient

**200.055.030** Compliant Deficient **200.061.020** Compliant Deficient

## AAAASF Medicare 6.5

<b>200.061.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.085.006</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.085.007</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.085.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.085.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.90</b>	<b><u>Appearance and Layout</u></b>	
<b>200.061.026</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.028</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.031</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.061.055</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.032</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.70</b>	<b><u>Emergency Power</u></b>		<b>200.090.033</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.034</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.041</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.042</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.043</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.070.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.80</b>	<b><u>Medical Hazardous Waste</u></b>		<b>200.090.061</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.080.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.062</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.080.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.063</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.080.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.070</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.85</b>	<b><u>General Environment</u></b>		<b>200.090.080</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.085.001</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.090</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.085.002</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.100</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.085.003</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>200.090.110</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

## AAAASF Medicare 6.5

<b>200.95    <u>General Environment - Additional Medical Standards</u></b>		<b>300.15    <u>Evaluation</u></b>	
<b>200.095.001</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>200.095.002</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.5    <u>Admissions</u></b>		<b>300.015.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.025</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.007</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.008</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.035</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.045</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.005.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>300.015.050</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>300.10    <u>Recovery Room(s)</u></b>			
<b>300.010.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.011</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.012</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.013</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.016</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.017</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.018</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.019</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.050</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		
<b>300.010.060</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		

## AAAASF Medicare 6.5

<b>300.20</b>	<b><u>Discharge</u></b>		<b>300.040.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.040.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.040.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.040.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.040.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.035</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.040.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.45</b>	<b><u>Quality of Care</u></b>	
<b>300.020.041</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.045.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.042</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.045.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.045</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.045.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.050</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.50</b>	<b><u>PACU Room(s)</u></b>	
<b>300.020.055</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.050.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.060</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.050.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.065</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.050.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.070</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.050.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.075</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>300.050.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>300.020.080</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.020.085</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.020.090</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.30</b>	<b><u>Extended Stays</u></b>				
<b>300.030.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.030.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.40</b>	<b><u>Equipment and Supplies</u></b>				
<b>300.040.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.040.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.040.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>300.040.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				

## AAAASF Medicare 6.5

<b>400.000.004</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.020.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.10      <u>General</u></b>			<b>400.020.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.020.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.006</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.020.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.007</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.020.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.008</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.020.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.21      <u>Transfer Agreement</u></b>		
<b>400.010.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.021.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.30      <u>Hazardous Agents</u></b>		
<b>400.010.051</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.010.052</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.20      <u>Emergency Protocols</u></b>			<b>400.030.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.031</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.032</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.033</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.034</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.036</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.037</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.039</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.018</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.041</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.019</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.042</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.020.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.030.043</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

## AAAASF Medicare 6.5

<b>400.030.044</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.060.055</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.030.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>400.060.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>400.030.046</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.030.047</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.030.048</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.40</b>	<b><u>Fire Controls</u></b>				
<b>400.040.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.040.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.040.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.040.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.040.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.040.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.50</b>	<b><u>Exits</u></b>				
<b>400.050.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.050.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.60</b>	<b><u>Facility Safety Manual</u></b>				
<b>400.060.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>400.060.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			

## AAAASF Medicare 6.5

<b>500.10</b>	<b><u>Blood &amp; Substitutes</u></b>		<b>500.021.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.010.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.018</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.010.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.019</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.010.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.20</b>	<b><u>Medications</u></b>		<b>500.021.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.051</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.026</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.055</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.027</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.060</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.065</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.070</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.021.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.075</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.30</b>	<b><u>Malignant Hyperthermia</u></b>	
<b>500.020.080</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.085</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.090</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.095</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.100</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.020.105</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.21</b>	<b><u>ACLS Algorithm</u></b>		<b>500.030.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.021.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.021.011</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.055</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.021.012</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>500.030.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>500.021.013</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>500.021.014</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>500.021.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				
<b>500.021.016</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient				

## AAAASF Medicare 6.5

### **600.10 General**

**600.010.002**  Compliant  Deficient

**600.010.005**  Compliant  Deficient

**600.010.010**  Compliant  Deficient

**600.010.020**  Compliant  Deficient

**600.010.021**  Compliant  Deficient

**600.010.030**  Compliant  Deficient

**600.010.031**  Compliant  Deficient

**600.010.035**  Compliant  Deficient

**600.010.040**  Compliant  Deficient

**600.010.041**  Compliant  Deficient

**600.010.045**  Compliant  Deficient

**600.010.050**  Compliant  Deficient

**600.010.051**  Compliant  Deficient

**600.010.055**  Compliant  Deficient

**600.010.060**  Compliant  Deficient

**600.010.065**  Compliant  Deficient

### **600.11 Medical Record Responses and Questions**

**600.011.005**  Compliant  Deficient

**600.011.006**  Compliant  Deficient

**600.011.010**  Compliant  Deficient

**600.011.011**  Compliant  Deficient

**600.011.012**  Compliant  Deficient

**600.011.013**  Compliant  Deficient

**600.011.014**  Compliant  Deficient

**600.011.015**  Compliant  Deficient

**600.011.020**  Compliant  Deficient

**600.011.025**  Compliant  Deficient

**600.011.030**  Compliant  Deficient

### **600.12 Miscellaneous**

**600.012.015**  Compliant  Deficient

**600.012.020**  Compliant  Deficient

**600.012.025**  Compliant  Deficient

**600.012.030**  Compliant  Deficient

**600.012.035**  Compliant  Deficient

**600.012.040**  Compliant  Deficient

**600.012.045**  Compliant  Deficient

### **600.20 Informed Consent Forms**

**600.020.010**  Compliant  Deficient

**600.020.011**  Compliant  Deficient

**600.020.020**  Compliant  Deficient

**600.020.025**  Compliant  Deficient

**600.020.026**  Compliant  Deficient

**600.020.027**  Compliant  Deficient

### **600.30 Laboratory, Pathology, X-Ray, Consultation and Treating Physician Reports**

**600.030.010**  Compliant  Deficient

**600.030.020**  Compliant  Deficient

**600.030.025**  Compliant  Deficient

**600.030.030**  Compliant  Deficient

**600.030.035**  Compliant  Deficient

**600.030.040**  Compliant  Deficient

**600.030.050**  Compliant  Deficient

**600.030.051**  Compliant  Deficient

**600.030.055**  Compliant  Deficient

**600.030.060**  Compliant  Deficient

**600.030.065**  Compliant  Deficient

## AAAASF Medicare 6.5

<b>600.40      <u>Q.R.Records - Major Cases</u></b>		<b>700.10      <u>Quality Improvement</u></b>	
<b>600.040.001</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.002</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.011</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.003</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.012</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.004</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.013</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.014</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.006</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.007</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.008</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.041</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.009</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.046</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.047</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.011</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.048</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.012</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.049</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.013</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.050</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.052</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.053</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
<b>600.040.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient	<b>700.010.055</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.057</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.058</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.061</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.062</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.063</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.064</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.010.065</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.20      <u>Peer Review</u></b>	
		<b>700.020.000</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.020.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.020.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient
		<b>700.020.030</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient

## AAAASF Medicare 6.5

<b>700.30</b>	<b><u>Random Case Review</u></b>		<b>700.050.051</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.050.052</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.050.055</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.60</b>	<b><u>Competency, Grievances</u></b>	
<b>700.030.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.026</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.026</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.027</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.030.027</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.028</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.40</b>	<b><u>Unanticipated Operative Sequelae</u></b>		<b>700.060.029</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.041</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.042</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.043</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.044</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.046</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.018</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.047</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.051</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.052</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<b>700.060.053</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.040.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>700.040.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>700.040.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>700.50</b>	<b><u>Patient's Bill of Rights</u></b>				
<b>700.050.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>700.050.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			
<b>700.050.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient			

## AAAASF Medicare 6.5

<b>800.5</b>	<b><u>Medical Director</u></b>		<b>800.020.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.005.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.020.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.005.015</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.020.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.005.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.020.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.005.025</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.020.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.10</b>	<b><u>Staff Physicians, Podiatrists, or Oral Surgeons</u></b>		<b>800.020.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.005</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.30</b>	<b><u>O.R. Personnel</u></b>	
<b>800.010.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.020</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.030.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.040</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.030.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.050</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.030.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.055</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.40</b>	<b><u>Personnel Records</u></b>	
<b>800.010.060</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.040.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.065</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.040.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.070</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.040.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.075</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.41</b>	<b><u>Records and Experience</u></b>	
<b>800.010.080</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.085</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.090</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.095</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.100</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.105</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.041.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.110</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.42</b>	<b><u>Safety Training</u></b>	
<b>800.010.115</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.042.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.010.120</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.042.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.20</b>	<b><u>Anesthesiologist/CRNA</u></b>		<b>800.042.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.020.010</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.042.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>800.020.011</b>	<input type="checkbox"/> Compliant <input type="checkbox"/> Deficient		<b>800.042.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

## AAAASF Medicare 6.5

### **800.50 Knowledge, Skill & CME Training**

**800.050.010** Compliant Deficient

**800.050.015** Compliant Deficient

**800.050.020** Compliant Deficient

**800.050.025** Compliant Deficient

**800.050.030** Compliant Deficient

**800.050.035** Compliant Deficient

### **800.60 Personnel Safety**

**800.060.010** Compliant Deficient

**800.060.020** Compliant Deficient

**800.060.030** Compliant Deficient

### **900.10 Governing Body**

**900.010.010** Compliant Deficient

**900.010.011** Compliant Deficient

**900.010.012** Compliant Deficient

**900.010.020** Compliant Deficient

**900.010.030** Compliant Deficient

**900.010.040** Compliant Deficient

**900.010.050** Compliant Deficient

**900.010.060** Compliant Deficient

**900.010.070** Compliant Deficient

### **900.21 Mission and Structure**

**900.021.010** Compliant Deficient

**900.021.011** Compliant Deficient

**900.021.012** Compliant Deficient

**900.021.013** Compliant Deficient

**900.021.014** Compliant Deficient

**900.021.015** Compliant Deficient

**900.021.016** Compliant Deficient

**900.021.017** Compliant Deficient

**900.021.018** Compliant Deficient

**900.021.019** Compliant Deficient

**900.021.020** Compliant Deficient

### **900.30 Personnel**

**900.030.010** Compliant Deficient

**900.030.020** Compliant Deficient

### **900.40 Administrator**

**900.040.001** Compliant Deficient

**900.040.002** Compliant Deficient

**900.040.010** Compliant Deficient

**900.040.011** Compliant Deficient

**900.040.012** Compliant Deficient

**900.040.013** Compliant Deficient

## AAAASF Medicare 6.5

### **900.50    Facility Use**

**900.050.010**    Compliant    Deficient  
**900.050.020**    Compliant    Deficient  
**900.050.025**    Compliant    Deficient  
**900.050.030**    Compliant    Deficient  
**900.050.035**    Compliant    Deficient  
**900.050.040**    Compliant    Deficient  
**900.050.045**    Compliant    Deficient

### **900.60    Patient's Bill of Rights**

**900.060.010**    Compliant    Deficient

### **1000    Anesthesia**

**1000.000.001**    Compliant    Deficient  
**1000.000.003**    Compliant    Deficient  
**1000.000.005**    Compliant    Deficient  
**1000.000.006**    Compliant    Deficient

### **1000.1    State Exemption**

**1000.001.008**    Compliant    Deficient

### **1000.10    Pre-Anesthesia Care**

**1000.010.000**    Compliant    Deficient  
**1000.010.005**    Compliant    Deficient  
**1000.010.010**    Compliant    Deficient  
**1000.010.011**    Compliant    Deficient  
**1000.010.021**    Compliant    Deficient  
**1000.010.022**    Compliant    Deficient

**1000.010.023**    Compliant    Deficient

**1000.010.024**    Compliant    Deficient  
**1000.010.025**    Compliant    Deficient  
**1000.010.026**    Compliant    Deficient  
**1000.010.027**    Compliant    Deficient  
**1000.010.028**    Compliant    Deficient

### **1000.20    Anesthetic Monitoring**

**1000.020.001**    Compliant    Deficient  
**1000.020.002**    Compliant    Deficient  
**1000.020.003**    Compliant    Deficient  
**1000.020.004**    Compliant    Deficient  
**1000.020.005**    Compliant    Deficient  
**1000.020.006**    Compliant    Deficient  
**1000.020.007**    Compliant    Deficient  
**1000.020.008**    Compliant    Deficient  
**1000.020.009**    Compliant    Deficient

## AAAASF Medicare 6.5

### 1000.21 Circulation Monitoring

1000.021.001     Compliant     Deficient

1000.021.002     Compliant     Deficient

### 1000.22 Circulation

1000.022.001     Compliant     Deficient

1000.022.002     Compliant     Deficient

1000.022.003     Compliant     Deficient

1000.022.004     Compliant     Deficient

1000.022.005     Compliant     Deficient

1000.022.006     Compliant     Deficient

1000.022.007     Compliant     Deficient

### 1000.23 Temperature Monitoring

1000.023.011     Compliant     Deficient

### 1000.24 Post-Anesthetic Care

1000.024.001     Compliant     Deficient

1000.024.002     Compliant     Deficient

1000.024.003     Compliant     Deficient

1000.024.004     Compliant     Deficient

### 1000.25 Evaluation in the PACU:

1000.025.001     Compliant     Deficient

1000.025.002     Compliant     Deficient

1000.025.003     Compliant     Deficient

1000.025.004     Compliant     Deficient

1000.025.005     Compliant     Deficient

### 1000.26 Continued evaluation in the PACU:

1000.026.001     Compliant     Deficient

1000.026.002     Compliant     Deficient

1000.026.003     Compliant     Deficient

1000.026.005     Compliant     Deficient

### 1000.27 Discharge for PACU

1000.027.001     Compliant     Deficient

1000.027.002     Compliant     Deficient

1000.027.003     Compliant     Deficient

### 1000.29 Equipment and Supplies

1000.029.001     Compliant     Deficient

1000.029.002     Compliant     Deficient

1000.029.003     Compliant     Deficient

1000.029.004     Compliant     Deficient

1000.029.005     Compliant     Deficient

1000.029.006     Compliant     Deficient

1000.029.007     Compliant     Deficient

1000.029.008     Compliant     Deficient

1000.029.009     Compliant     Deficient

1000.029.010     Compliant     Deficient

1000.029.011     Compliant     Deficient

1000.029.012     Compliant     Deficient

1000.029.014     Compliant     Deficient

### 1000.30 Quality of Care

1000.030.001     Compliant     Deficient

1000.030.002     Compliant     Deficient

1000.030.003     Compliant     Deficient

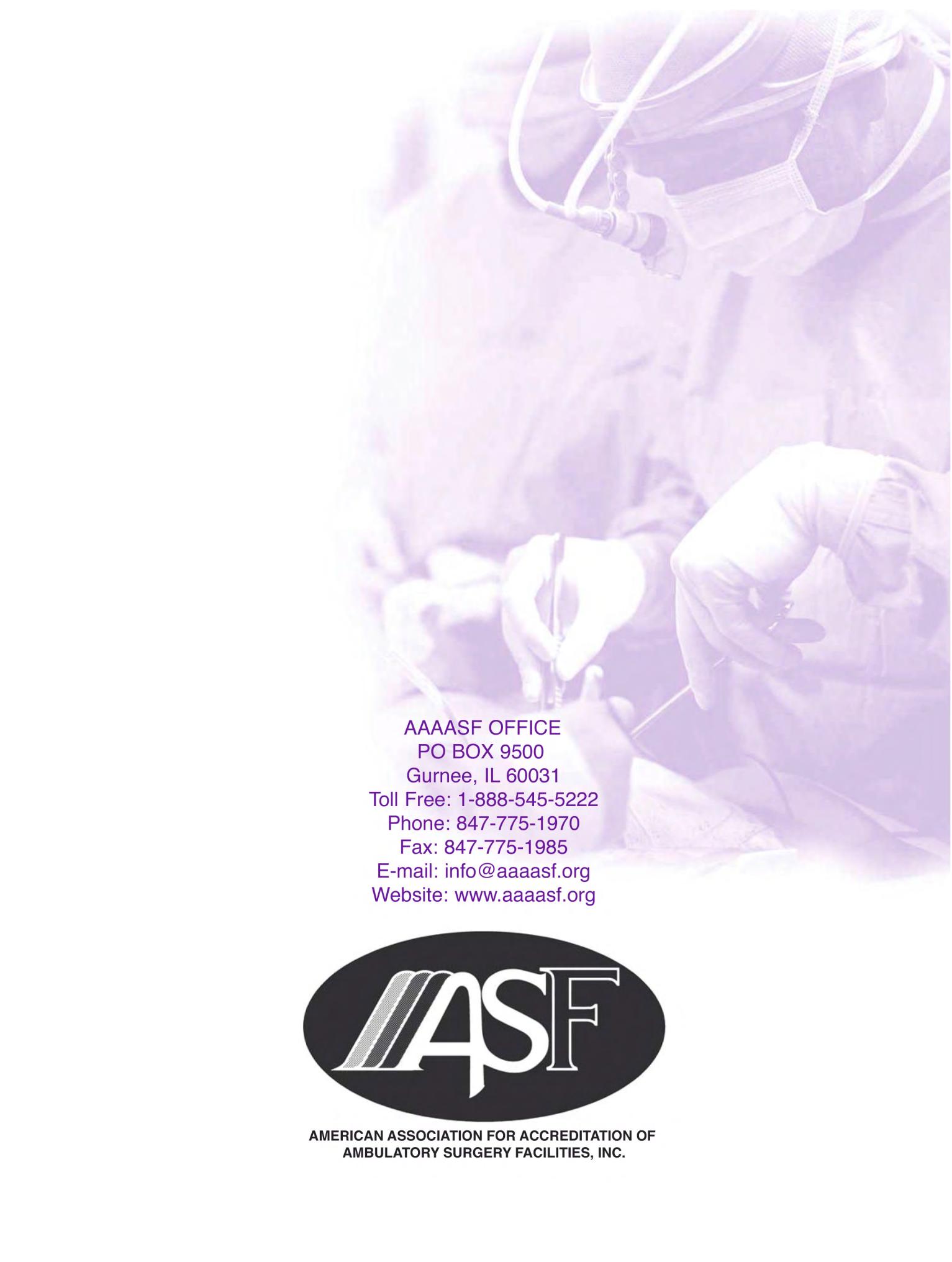
1000.030.004     Compliant     Deficient

### 1000.31 Transfers/Emergencies

1000.031.001     Compliant     Deficient

1000.031.002     Compliant     Deficient





AAAASF OFFICE  
PO BOX 9500  
Gurnee, IL 60031  
Toll Free: 1-888-545-5222  
Phone: 847-775-1970  
Fax: 847-775-1985  
E-mail: [info@aaaASF.org](mailto:info@aaaASF.org)  
Website: [www.aaaASF.org](http://www.aaaASF.org)



AMERICAN ASSOCIATION FOR ACCREDITATION OF  
AMBULATORY SURGERY FACILITIES, INC.