

# 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

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## **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.

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.

### 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”.

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**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.

## AAAASF Medicare 6.5

**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)

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**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.

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**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.

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## AAAASF Medicare 6.5

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.

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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.

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## AAAASF Medicare 6.5

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.

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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.

## AAAASF Medicare 6.5

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.

## AAAASF Medicare 6.5

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.

## AAAASF Medicare 6.5

**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.
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## 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.)

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**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.

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

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

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**200.010.025**           Compliant           Deficient      A

An exam room may function as an operating room.

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

(1) ach 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

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

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

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## AAAASF Medicare 6.5

**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.

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

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

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**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.

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**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.

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**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.

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## AAAASF Medicare 6.5

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

Each operating room: Has appropriate lighting.

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**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.

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**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.

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

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

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

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

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

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

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**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.

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

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

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## 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.

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**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.

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**200.020.070**           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.

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

Sterilizers have appropriately maintained logs for all routine checks.

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**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.

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**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.

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**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.

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## AAAASF Medicare 6.5

### **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.

---

## AAAASF Medicare 6.5

### **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.

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**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

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**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.

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

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

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

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

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**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

## AAAASF Medicare 6.5

**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

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**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

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

Aseptic techniques are maintained during procedures and between cases.

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**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



## AAAASF Medicare 6.5

**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

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**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.

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**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.

---

## AAAASF Medicare 6.5

**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

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## AAAASF Medicare 6.5

### 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.

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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.

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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.

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

There is an adequate operating room table or chair.

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

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

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

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

## AAAASF Medicare 6.5

### 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.

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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).

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

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

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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.

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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.

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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).

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## 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.

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

The operating room is equipped with: Laryngoscope.

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

The operating room is equipped with: Endotracheal tubes.

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

The operating room is equipped with: Endotracheal stylet.

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**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.

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

The operating room is equipped with: Source of O2

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**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.

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

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

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**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.

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**200.061.026**      ☐ Compliant      ☐ Deficient      C

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

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**200.061.028**      ☐ Compliant      ☐ Deficient      C

A CO2 monitor is used on all general anesthesia cases.

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**200.061.030**      ☐ Compliant      ☐ Deficient      C

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

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**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.

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

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

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

Endotracheal tubes are present.

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

Endotracheal stylet is present.

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**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.



## AAAASF Medicare 6.5

**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

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**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.

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**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.

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

The record keeping is exclusive to the ASC.

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

The staff is responsible to the ASC.

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**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.

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**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.

---

## AAAASF Medicare 6.5

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

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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.

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**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

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

There is an adequate, separate waiting room.

416.44.a.2 Standard

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

The waiting room is: Adequately sized.

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**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.

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

The administrative work area: Provides adequate work space.

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

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

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**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.

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**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

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**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.

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

There is at least one examination room.

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

There are adequate lavatory facilities for patients and personnel.

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

The lavatory facilities: Comply with ADA guidelines.

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

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

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**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.

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

There is appropriate lighting in the facility.

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**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.

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

Smoking is prohibited in all patient care and hazardous areas.

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**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.

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**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

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**200.095.002**            ☐ Compliant        ☐ Deficient                    A,B,C-M,C

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

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**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

## AAAASF Medicare 6.5

**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

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**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

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### **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

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

The recovery area is: Adequately sized.

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

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

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## AAAASF Medicare 6.5

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

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

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**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.

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

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

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

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

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

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

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**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.

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**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.

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## 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.

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

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

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**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.

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## AAAASF Medicare 6.5

### 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.

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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.

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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.

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300.015.025           Compliant               Deficient      B,C-M,C

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

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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.

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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).

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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.

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**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.

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**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

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**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.

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**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.

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

Personnel assist with discharge from the recovery area.

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**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 anesthesiologist 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.

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

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

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## AAAASF Medicare 6.5

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

Patients receiving only local anesthesia without sedation may transport themselves.

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**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.

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

Approved and standardized discharge criteria are used.

416.52.c Standard

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**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.

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**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.

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## AAAASF Medicare 6.5

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

Personnel assist with discharge from the recovery area.

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**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.

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**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

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**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

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**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

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## AAAASF Medicare 6.5

**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

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**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.

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**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.

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**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).

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**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.

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

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

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

There is an adequate and reliable source of suction.

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**300.040.025**           Compliant           Deficient      C

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

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

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

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**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.

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## AAAASF Medicare 6.5

**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.

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**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.

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

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

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**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).

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**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.

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**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.

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

The room is equipped and readily accessible to handle emergencies.

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**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.

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

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

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**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.

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**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

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**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.

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**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.

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

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

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

There is a Facility Safety Manual.

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## AAAASF Medicare 6.5

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

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

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

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

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**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.

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**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.

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**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.

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**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.

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**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

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**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

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**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.

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

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

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

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

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**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.

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**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.

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**400.020.014**           Compliant               Deficient      C

There is a written protocol for: Malignant hyperthermia.

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**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.

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**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.

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

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

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

Hazardous chemicals are labeled as such.

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

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

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**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

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## AAAASF Medicare 6.5

**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

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**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.

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**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

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**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).

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**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

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**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 .....

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**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

## AAAASF Medicare 6.5

**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

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**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

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**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

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**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.

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**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.

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**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.

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**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 1 CFR 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

## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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**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



## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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## 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

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**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

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**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

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**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

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**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

## AAAASF Medicare 6.5

**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

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**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

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**400.040**      **Fire Controls**

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

The facility is equipped with smoke detectors.

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

An adequate number and variety of fire extinguishers are available.

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

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

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**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

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

Portable space heaters are prohibited.

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

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

## AAAASF Medicare 6.5

### 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.

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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.

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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.

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

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

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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).

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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).

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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).

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

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

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**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.

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

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

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**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.

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

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

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

The ambulatory surgery facility must have written isolation procedures.

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**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.

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## 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.

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**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.

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**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.

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**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.



## AAAASF Medicare 6.5

### 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.

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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.

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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.

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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.

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

Routine medications are stored in a specific area.

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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.

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

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

## AAAASF Medicare 6.5

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

All refrigerators must be monitored for proper temperature.

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

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

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**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.

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**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.

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**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.

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**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

## AAAASF Medicare 6.5

**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

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**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

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**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

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**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.

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**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, Sevoflurane, 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 H<sub>2</sub>O diluent for Dantrolene.

**500.021.016**          Compliant          Deficient      C

A minimum of four (4) 50cc ampules of NaHCO<sub>3</sub>.

**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.

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

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

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

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

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

Vasopressors other than Epinephrine.

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

IV Antihistamines (e.g. Diphenhydramine).

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

Anti-Hypertensives.

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

Atropine.

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## 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.

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

Intravenous corticosteroids (e.g. Dexamethasone).

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

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

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

Oral nitroglycerine.

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

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

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

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

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**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:

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**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.

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**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.

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**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.

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**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 H<sub>2</sub>O) diluents for Dantrolene.

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

A minimum of four (4) 50cc ampoules of NaHCO<sub>3</sub>.

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

A minimum of twelve (12) vials of Dantrolene.

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

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

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**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.

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**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.

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**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

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**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.

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**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.

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**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

## AAAASF Medicare 6.5

**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

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**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

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

All medical records must include a discharge diagnosis.

416.47.b.8 Standard

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

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

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**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.

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**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

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**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:

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**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.

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

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

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**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

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

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

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

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

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## 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.

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

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

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

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

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**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

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

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

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**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

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**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.

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**600.012.025**      \_\_\_\_Compliant      \_\_\_\_Deficient      A,B,C-M,C

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

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**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.

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**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

## AAAASF Medicare 6.5

**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

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

All laboratories must be CLIA approved according to CLIA requirements.

416.49.a Standard

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**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.

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**600.020.011**      \_\_\_\_Compliant      \_\_\_\_Deficient      A,B,C-M,C

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

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**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.

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## AAAASF Medicare 6.5

**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

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**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

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**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

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**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.

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**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.

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

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

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**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.

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

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

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

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

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**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.

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## 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).

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**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.

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**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.

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**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

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**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.

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**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).

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

A Surgical Log must include: Date of surgery.

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

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

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

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

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

A Surgical Log must include: Surgeon's name.

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## AAAASF Medicare 6.5

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

A Surgical Log must include: Type of anesthesia.

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

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

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**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.

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

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

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

Vital signs are recorded during surgery.

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

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

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**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

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

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

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**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.

## AAAASF Medicare 6.5

**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.

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**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

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**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

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**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

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## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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**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

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## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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## AAAASF Medicare 6.5

**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

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**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

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**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

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**700.010.063**      ☐ Compliant      ☐ Deficient      A,B,C-M,C

(3) Specifies data collection methods, frequency, and details.

416.43.e.3 Standard

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**700.010.064**      ☐ Compliant      ☐ Deficient      A,B,C-M,C

(4) Clearly establishes its expectations for safety.

416.43.e.4 Standard

## AAAASF Medicare 6.5

**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

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**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.*

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**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.

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**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.

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**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.

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**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.

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**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.

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

Random case reviews must include assessment of: Adequacy and appropriateness of surgical consent form.

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**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.

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**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.

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

Random case reviews must include assessment of: Anesthesia record (with IV sedation or general).

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**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.

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

Random case reviews must include assessment of: Documentation of complications.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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## 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.

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**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

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**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).

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**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

## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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**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

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**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

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**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

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## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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**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

## AAAASF Medicare 6.5

**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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.

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**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.

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**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

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**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.”

## AAAASF Medicare 6.5

**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.

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**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.

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**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.

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

Licensed practical nurses or vocational nurses may be employed in the facility.

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**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.

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**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

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**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.

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**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

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**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

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**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

## AAAASF Medicare 6.5

**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

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**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

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**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.

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**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.

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**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.

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

The anesthesiologists and/or CRNA must be licensed by the state in which they practice.

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**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.

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**800.020.013**           Compliant           Deficient      C-M,C

The anesthesiologists and/or CRNA must ensure that all equipment is in proper working order.

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**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.

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**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.

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## AAAASF Medicare 6.5

**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.

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**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.
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## AAAASF Medicare 6.5

### **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.

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

Must meet acceptable standards as defined by their professional governing bodies, where applicable.

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**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.

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**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.

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**800.040**      **Personnel Records**

**800.040.010**      ☐ Compliant      ☐ Deficient      A,B,C-M,C

There is a manual outlining personnel policies.

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**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.**

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**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

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**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.

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**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.

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

Personnel records must contain the following: Date of employment.

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

Personnel records must contain the following: Description of duties.

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

Personnel records must contain the following: Record of continuing education.

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

Personnel records must contain the following: Inoculation or refusals.

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**800.042**      **Safety Training**

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

Personnel records must contain the following: Hazard Safety Training.

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

Personnel records must contain the following: Bloodborne Pathogens.

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

Personnel records must contain the following: Universal Precautions.

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**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.

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**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.

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**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).

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

The ambulatory surgery facility staff must have training for new surgery center personnel.

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**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.

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

Certified Operating Room Technicians should be certified by those states that provide licensing certification.

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

If a gas sterilizer is used, personnel are thoroughly familiar with the operating instructions.

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**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.

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**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.

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**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.

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**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.).

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<b>900</b>	<b>GOVERNANCE</b>
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<b>900.010</b>	<b><u>Governing Body</u></b>
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<b>900.010.010</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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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

<b>900.010.011</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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The governing body: Sets policy on how individual surgeons deal with each other and external parties.

<b>900.010.012</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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The governing body: Sets policy on surgeons role in properly dealing with patients.

<b>900.010.020</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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The governing body: Is regulated by a governing document that has the consent of each member of the body.

<b>900.010.030</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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The rules and regulations of the governing body are reviewed and revised at least annually.

<b>900.010.040</b>	<u>    </u> Compliant	<u>    </u> Deficient	A,B,C-M,C
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Deficiencies within the ASC or within the rules and regulations are identified and remedied.

## AAAASF Medicare 6.5

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<b>900.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	A,B,C-M,C
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The minutes of each official “Governance” meeting are recorded and filed with the original governing rules and regulations.

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<b>900.010.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	A,B,C-M,C
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The governing body: Has a policy for addressing potential conflicts of interest.

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<b>900.010.070</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	A,B,C-M,C
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Full disclosure of ownership is known and available to all employees and patients.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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## AAAASF Medicare 6.5

**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).

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**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.

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**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.

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**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

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**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.

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**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.

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**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.

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**900.040.002**      \_\_\_Compliant      \_\_\_\_\_Deficient      A,B,C-M,C

The Administrator may be appointed as ASC's manager.

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**900.040.010**      \_\_\_Compliant      \_\_\_\_\_Deficient      A,B,C-M,C

The Administrator is responsible for: Employing qualified personnel.

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**900.040.011**      \_\_\_Compliant      \_\_\_\_\_Deficient      A,B,C-M,C

The Administrator is responsible for: Ensuring the deliverance of quality care.

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**900.040.012**      \_\_\_Compliant      \_\_\_\_\_Deficient      A,B,C-M,C

The Administrator is responsible for: Protecting the assets of the facility.

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**900.040.013**      \_\_\_Compliant      \_\_\_\_\_Deficient      A,B,C-M,C

The Administrator is responsible for: Establishing and controlling the medical records of the ASC.

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## AAAASF Medicare 6.5

### 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.

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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.

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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.

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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.

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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.

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900.050.040           Compliant               Deficient      A,B,C-M,C

ASC privileges that the governing body approves are specific to each individual.

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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".

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**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

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**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

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**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.

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**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

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**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.

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**1000.010.005**            Compliant            Deficient      A,B,C-M,C

Written policy for pediatric patients is available and current.

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**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

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**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:

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**1000.010.021**            Compliant            Deficient      A,B,C-M,C

The anesthetic care plan is based on: A review of the medical record available.

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**1000.010.022**            Compliant            Deficient      A,B,C-M,C

The anesthetic care plan is based on: Medical history.

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## AAAASF Medicare 6.5

<b>1000.010.023</b>	___Compliant	_____Deficient	A,B,C-M,C
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The anesthetic care plan is based on: Prior anesthetic experiences.

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<b>1000.010.024</b>	___Compliant	_____Deficient	A,B,C-M,C
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The anesthetic care plan is based on: Drug therapies.

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<b>1000.010.025</b>	___Compliant	_____Deficient	A,B,C-M,C
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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.

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<b>1000.010.026</b>	___Compliant	_____Deficient	A,B,C-M,C
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The anesthetic care plan is based on: A review of the medical tests and consultations that might reflect on the anesthesia administration.

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<b>1000.010.027</b>	___Compliant	_____Deficient	A,B,C-M,C
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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 anesthesiologist 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.

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<b>1000.010.028</b>	___Compliant	_____Deficient	A,B,C-M,C
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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 O2 analyzer if an anesthesia machine is used during general anesthesia which also includes an alarm for low O2 concentration.

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**1000.020.003**            Compliant            Deficient      B,C-M,C

Oxygenation is assessed by pulse oximetry.

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**1000.020.004**            Compliant            Deficient      B,C-M,C

Adequate illumination is available to assess patient color.

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**1000.020.005**            Compliant            Deficient      B,C-M,C

Ventilation is noted by chest excursion.

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**1000.020.006**            Compliant            Deficient      C

Ventilation is noted by breathing bag reservoir.

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<b>1000.020.007</b>	<u>    </u> Compliant	<u>        </u> Deficient	C
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Ventilation is noted by auscultation of breath sounds.

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<b>1000.020.008</b>	<u>    </u> Compliant	<u>        </u> Deficient	C
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Ventilation is noted by monitoring of end tidal expired CO2 including volume, Capnography/Capnometry or mass spectroscopy.

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<b>1000.020.009</b>	<u>    </u> Compliant	<u>        </u> Deficient	C
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Ventilation is noted by proper position of the endotracheal tube or laryngeal mask.

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<b>1000.021</b>	<b><u>Circulation Monitoring</u></b>		
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<b>1000.021.001</b>	<u>    </u> Compliant	<u>        </u> Deficient	C
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The mechanical ventilator should have a continuous use device which indicates a disconnect via an audible signal.

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<b>1000.021.002</b>	<u>    </u> Compliant	<u>        </u> Deficient	B,C-M,C
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Clinical signs are evaluated by continual observation during regional/sedation analgesic.

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**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.*

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**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).*

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**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).*

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**1000.022.004**           Compliant               Deficient      B,C-M,C

*Circulation may be monitored by one or several of the following: Pulse oximetry.*

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**1000.022.005**           Compliant               Deficient      C-M,C

*Circulation may be monitored by one or several of the following: Heart auscultation.*

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**1000.022.006**           Compliant               Deficient      C-M,C

*Circulation may be monitored by one or several of the following: Intra-arterial pressure.*

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**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.*

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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).

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**1000.026.002**      ☐ Compliant      ☐ Deficient      B,C-M,C

Continued evaluation in the PACU will consist of: Pulse oximetry.

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**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.

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**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.

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**1000.027.002**      ☐ Compliant      ☐ Deficient      B,C-M,C

Approved and standardized discharge criteria are used.

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**1000.027.003**      ☐ Compliant      ☐ Deficient      A,B,C-M,C

(2) Before discharge, a Physician or an anesthesiologist 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 anesthesiologist's name must be noted on the patient record.

416.42.a.2 Standard

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**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).

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**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.

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**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.

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**1000.029.004**      ☐ Compliant      ☐ Deficient      A,B,C-M,C

There is an adequate and reliable source of suction.

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**1000.029.005**      ☐ Compliant      ☐ Deficient      C

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

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**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.



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**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.

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**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.

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**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.

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**1000.029.010**    ☐ Compliant    ☐ Deficient    A,B,C-M,C

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

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**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.

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**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.

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**1000.029.014**          Compliant              Deficient      A,B,C-M,C

Appropriately sized pediatric medical equipment is available if services are provided to infants/children.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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.

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**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**

<b>100.010.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.027</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.032</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.045</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.055</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.065</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.070</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>100.010.075</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

### **200.10     Operating Suite**

<b>200.010.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.007</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.035</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.061</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.062</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.063</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.010.070</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

<b>200.010.071</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.010.072</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.010.080</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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### **200.20     Sterilization**

<b>200.020.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.070</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.071</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.080</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.081</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.090</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.091</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.092</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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<b>200.020.093</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
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## AAAASF Medicare 6.5

### 200.30 Asepsis

200.030.010    \_\_\_Compliant    \_\_\_Deficient  
200.030.020    \_\_\_Compliant    \_\_\_Deficient  
200.030.030    \_\_\_Compliant    \_\_\_Deficient  
200.030.040    \_\_\_Compliant    \_\_\_Deficient  
200.030.100    \_\_\_Compliant    \_\_\_Deficient

### 200.40 Maintenance and Cleaning

200.040.010    \_\_\_Compliant    \_\_\_Deficient  
200.040.030    \_\_\_Compliant    \_\_\_Deficient  
200.040.040    \_\_\_Compliant    \_\_\_Deficient  
200.040.050    \_\_\_Compliant    \_\_\_Deficient

### 200.50 Surfaces

200.050.005    \_\_\_Compliant    \_\_\_Deficient  
200.050.010    \_\_\_Compliant    \_\_\_Deficient  
200.050.020    \_\_\_Compliant    \_\_\_Deficient  
200.050.030    \_\_\_Compliant    \_\_\_Deficient  
200.050.040    \_\_\_Compliant    \_\_\_Deficient  
200.050.041    \_\_\_Compliant    \_\_\_Deficient

### 200.55 Infection Control

200.055.010    \_\_\_Compliant    \_\_\_Deficient  
200.055.011    \_\_\_Compliant    \_\_\_Deficient  
200.055.015    \_\_\_Compliant    \_\_\_Deficient  
200.055.016    \_\_\_Compliant    \_\_\_Deficient  
200.055.020    \_\_\_Compliant    \_\_\_Deficient  
200.055.021    \_\_\_Compliant    \_\_\_Deficient  
200.055.023    \_\_\_Compliant    \_\_\_Deficient  
200.055.025    \_\_\_Compliant    \_\_\_Deficient  
200.055.030    \_\_\_Compliant    \_\_\_Deficient

200.055.035    \_\_\_Compliant    \_\_\_Deficient  
200.055.040    \_\_\_Compliant    \_\_\_Deficient  
200.055.045    \_\_\_Compliant    \_\_\_Deficient  
200.055.050    \_\_\_Compliant    \_\_\_Deficient  
200.055.055    \_\_\_Compliant    \_\_\_Deficient  
200.055.060    \_\_\_Compliant    \_\_\_Deficient  
200.055.065    \_\_\_Compliant    \_\_\_Deficient

### 200.60 Equipment

200.060.010    \_\_\_Compliant    \_\_\_Deficient  
200.060.020    \_\_\_Compliant    \_\_\_Deficient  
200.060.030    \_\_\_Compliant    \_\_\_Deficient  
200.060.050    \_\_\_Compliant    \_\_\_Deficient  
200.060.060    \_\_\_Compliant    \_\_\_Deficient  
200.060.070    \_\_\_Compliant    \_\_\_Deficient  
200.060.080    \_\_\_Compliant    \_\_\_Deficient

### 200.61 Equipment List

200.061.010    \_\_\_Compliant    \_\_\_Deficient  
200.061.011    \_\_\_Compliant    \_\_\_Deficient  
200.061.012    \_\_\_Compliant    \_\_\_Deficient  
200.061.013    \_\_\_Compliant    \_\_\_Deficient  
200.061.014    \_\_\_Compliant    \_\_\_Deficient  
200.061.015    \_\_\_Compliant    \_\_\_Deficient  
200.061.016    \_\_\_Compliant    \_\_\_Deficient  
200.061.017    \_\_\_Compliant    \_\_\_Deficient  
200.061.018    \_\_\_Compliant    \_\_\_Deficient  
200.061.019    \_\_\_Compliant    \_\_\_Deficient  
200.061.020    \_\_\_Compliant    \_\_\_Deficient

## AAAASF Medicare 6.5

200.061.021	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.022	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.023	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.024	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.025	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.026	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.028	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.061.055	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.70    <u>Emergency Power</u></b>		
200.070.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.040	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.045	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.070.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.80    <u>Medical Hazardous Waste</u></b>		
200.080.011	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.080.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.080.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.85    <u>General Environment</u></b>		
200.085.001	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.085.002	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.085.003	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

200.085.006	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.085.007	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.085.016	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.085.017	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>200.90    <u>Appearance and Layout</u></b>		
200.090.010	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.020	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.021	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.022	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.023	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.030	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.031	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.032	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.033	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.034	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.035	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.041	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.042	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.043	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.050	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.060	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.061	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.062	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.063	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.070	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.080	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.090	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.100	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
200.090.110	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient



## AAAASF Medicare 6.5

### **200.95     General Environment - Additional Medical Standards**

**200.095.001**     \_\_\_\_Compliant     \_\_\_\_Deficient

**200.095.002**     \_\_\_\_Compliant     \_\_\_\_Deficient

### **300.5     Admissions**

**300.005.005**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.005.007**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.005.008**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.005.010**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.005.015**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.005.020**     \_\_\_\_Compliant     \_\_\_\_Deficient

### **300.10     Recovery Room(s)**

**300.010.010**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.011**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.012**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.013**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.015**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.016**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.017**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.018**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.019**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.020**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.030**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.050**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.010.060**     \_\_\_\_Compliant     \_\_\_\_Deficient

### **300.15     Evaluation**

**300.015.010**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.015**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.020**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.025**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.030**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.035**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.040**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.045**     \_\_\_\_Compliant     \_\_\_\_Deficient

**300.015.050**     \_\_\_\_Compliant     \_\_\_\_Deficient

## AAAASF Medicare 6.5

### 300.20 Discharge

300.020.005	___Compliant	___Deficient
300.020.010	___Compliant	___Deficient
300.020.020	___Compliant	___Deficient
300.020.030	___Compliant	___Deficient
300.020.035	___Compliant	___Deficient
300.020.040	___Compliant	___Deficient
300.020.041	___Compliant	___Deficient
300.020.042	___Compliant	___Deficient
300.020.045	___Compliant	___Deficient
300.020.050	___Compliant	___Deficient
300.020.055	___Compliant	___Deficient
300.020.060	___Compliant	___Deficient
300.020.065	___Compliant	___Deficient
300.020.070	___Compliant	___Deficient
300.020.075	___Compliant	___Deficient
300.020.080	___Compliant	___Deficient
300.020.085	___Compliant	___Deficient
300.020.090	___Compliant	___Deficient

### 300.30 Extended Stays

300.030.010	___Compliant	___Deficient
300.030.020	___Compliant	___Deficient

### 300.40 Equipment and Supplies

300.040.005	___Compliant	___Deficient
300.040.010	___Compliant	___Deficient
300.040.015	___Compliant	___Deficient
300.040.020	___Compliant	___Deficient

300.040.025	___Compliant	___Deficient
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300.040.030	___Compliant	___Deficient
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300.040.035	___Compliant	___Deficient
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300.040.040	___Compliant	___Deficient
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300.040.045	___Compliant	___Deficient
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300.040.050	___Compliant	___Deficient
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### 300.45 Quality of Care

300.045.005	___Compliant	___Deficient
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300.045.010	___Compliant	___Deficient
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300.045.015	___Compliant	___Deficient
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### 300.50 PACU Room(s)

300.050.005	___Compliant	___Deficient
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300.050.010	___Compliant	___Deficient
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300.050.015	___Compliant	___Deficient
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300.050.020	___Compliant	___Deficient
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300.050.025	___Compliant	___Deficient
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## AAAASF Medicare 6.5

400.000.004    \_\_\_Compliant    \_\_\_Deficient

### 400.10    **General**

400.010.005    \_\_\_Compliant    \_\_\_Deficient

400.010.006    \_\_\_Compliant    \_\_\_Deficient

400.010.007    \_\_\_Compliant    \_\_\_Deficient

400.010.008    \_\_\_Compliant    \_\_\_Deficient

400.010.010    \_\_\_Compliant    \_\_\_Deficient

400.010.011    \_\_\_Compliant    \_\_\_Deficient

400.010.012    \_\_\_Compliant    \_\_\_Deficient

400.010.013    \_\_\_Compliant    \_\_\_Deficient

400.010.020    \_\_\_Compliant    \_\_\_Deficient

400.010.030    \_\_\_Compliant    \_\_\_Deficient

400.010.040    \_\_\_Compliant    \_\_\_Deficient

400.010.050    \_\_\_Compliant    \_\_\_Deficient

400.010.051    \_\_\_Compliant    \_\_\_Deficient

400.010.052    \_\_\_Compliant    \_\_\_Deficient

### 400.20    **Emergency Protocols**

400.020.005    \_\_\_Compliant    \_\_\_Deficient

400.020.010    \_\_\_Compliant    \_\_\_Deficient

400.020.011    \_\_\_Compliant    \_\_\_Deficient

400.020.012    \_\_\_Compliant    \_\_\_Deficient

400.020.013    \_\_\_Compliant    \_\_\_Deficient

400.020.014    \_\_\_Compliant    \_\_\_Deficient

400.020.015    \_\_\_Compliant    \_\_\_Deficient

400.020.016    \_\_\_Compliant    \_\_\_Deficient

400.020.017    \_\_\_Compliant    \_\_\_Deficient

400.020.018    \_\_\_Compliant    \_\_\_Deficient

400.020.019    \_\_\_Compliant    \_\_\_Deficient

400.020.020    \_\_\_Compliant    \_\_\_Deficient

400.020.021    \_\_\_Compliant    \_\_\_Deficient

400.020.022    \_\_\_Compliant    \_\_\_Deficient

400.020.023    \_\_\_Compliant    \_\_\_Deficient

400.020.024    \_\_\_Compliant    \_\_\_Deficient

400.020.025    \_\_\_Compliant    \_\_\_Deficient

400.020.030    \_\_\_Compliant    \_\_\_Deficient

### 400.21    **Transfer Agreement**

400.021.010    \_\_\_Compliant    \_\_\_Deficient

400.021.015    \_\_\_Compliant    \_\_\_Deficient

400.021.020    \_\_\_Compliant    \_\_\_Deficient

400.021.025    \_\_\_Compliant    \_\_\_Deficient

400.021.030    \_\_\_Compliant    \_\_\_Deficient

400.021.035    \_\_\_Compliant    \_\_\_Deficient

### 400.30    **Hazardous Agents**

400.030.010    \_\_\_Compliant    \_\_\_Deficient

400.030.020    \_\_\_Compliant    \_\_\_Deficient

400.030.025    \_\_\_Compliant    \_\_\_Deficient

400.030.030    \_\_\_Compliant    \_\_\_Deficient

400.030.031    \_\_\_Compliant    \_\_\_Deficient

400.030.032    \_\_\_Compliant    \_\_\_Deficient

400.030.033    \_\_\_Compliant    \_\_\_Deficient

400.030.034    \_\_\_Compliant    \_\_\_Deficient

400.030.035    \_\_\_Compliant    \_\_\_Deficient

400.030.036    \_\_\_Compliant    \_\_\_Deficient

400.030.037    \_\_\_Compliant    \_\_\_Deficient

400.030.039    \_\_\_Compliant    \_\_\_Deficient

400.030.041    \_\_\_Compliant    \_\_\_Deficient

400.030.042    \_\_\_Compliant    \_\_\_Deficient

400.030.043    \_\_\_Compliant    \_\_\_Deficient

## AAAASF Medicare 6.5

400.030.044    \_\_\_Compliant    \_\_\_Deficient

400.030.045    \_\_\_Compliant    \_\_\_Deficient

400.030.046    \_\_\_Compliant    \_\_\_Deficient

400.030.047    \_\_\_Compliant    \_\_\_Deficient

400.030.048    \_\_\_Compliant    \_\_\_Deficient

### 400.40    **Fire Controls**

400.040.010    \_\_\_Compliant    \_\_\_Deficient

400.040.020    \_\_\_Compliant    \_\_\_Deficient

400.040.021    \_\_\_Compliant    \_\_\_Deficient

400.040.025    \_\_\_Compliant    \_\_\_Deficient

400.040.030    \_\_\_Compliant    \_\_\_Deficient

400.040.035    \_\_\_Compliant    \_\_\_Deficient

### 400.50    **Exits**

400.050.010    \_\_\_Compliant    \_\_\_Deficient

400.050.015    \_\_\_Compliant    \_\_\_Deficient

400.050.020    \_\_\_Compliant    \_\_\_Deficient

400.050.025    \_\_\_Compliant    \_\_\_Deficient

400.050.030    \_\_\_Compliant    \_\_\_Deficient

400.050.040    \_\_\_Compliant    \_\_\_Deficient

400.050.050    \_\_\_Compliant    \_\_\_Deficient

400.050.060    \_\_\_Compliant    \_\_\_Deficient

### 400.60    **Facility Safety Manual**

400.060.005    \_\_\_Compliant    \_\_\_Deficient

400.060.010    \_\_\_Compliant    \_\_\_Deficient

400.060.015    \_\_\_Compliant    \_\_\_Deficient

400.060.020    \_\_\_Compliant    \_\_\_Deficient

400.060.025    \_\_\_Compliant    \_\_\_Deficient

400.060.030    \_\_\_Compliant    \_\_\_Deficient

400.060.050    \_\_\_Compliant    \_\_\_Deficient

400.060.055    \_\_\_Compliant    \_\_\_Deficient

400.060.060    \_\_\_Compliant    \_\_\_Deficient

## AAAASF Medicare 6.5

### **500.10    Blood & Substitutes**

**500.010.010**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.010.015**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.010.020**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

### **500.20    Medications**

**500.020.010**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.020**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.030**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.040**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.051**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.055**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.060**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.065**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.070**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.075**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.080**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.085**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.090**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.095**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.100**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.020.105**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

### **500.21    ACLS Algorithm**

**500.021.010**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.011**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.012**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.013**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.014**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.015**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.016**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.017**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.018**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.019**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.020**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.021**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.022**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.023**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.024**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.025**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.026**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.027**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.030**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.035**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.021.040**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

### **500.30    Malignant Hyperthermia**

**500.030.010**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.015**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.020**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.025**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.030**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.035**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.040**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.050**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.055**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

**500.030.060**    \_\_\_\_ Compliant    \_\_\_\_ Deficient

## AAAASF Medicare 6.5

### **600.10    General**

<b>600.010.002</b>	___Compliant	___Deficient
<b>600.010.005</b>	___Compliant	___Deficient
<b>600.010.010</b>	___Compliant	___Deficient
<b>600.010.020</b>	___Compliant	___Deficient
<b>600.010.021</b>	___Compliant	___Deficient
<b>600.010.030</b>	___Compliant	___Deficient
<b>600.010.031</b>	___Compliant	___Deficient
<b>600.010.035</b>	___Compliant	___Deficient
<b>600.010.040</b>	___Compliant	___Deficient
<b>600.010.041</b>	___Compliant	___Deficient
<b>600.010.045</b>	___Compliant	___Deficient
<b>600.010.050</b>	___Compliant	___Deficient
<b>600.010.051</b>	___Compliant	___Deficient
<b>600.010.055</b>	___Compliant	___Deficient
<b>600.010.060</b>	___Compliant	___Deficient
<b>600.010.065</b>	___Compliant	___Deficient

### **600.11    Medical Record Responses and Questions**

<b>600.011.005</b>	___Compliant	___Deficient
<b>600.011.006</b>	___Compliant	___Deficient
<b>600.011.010</b>	___Compliant	___Deficient
<b>600.011.011</b>	___Compliant	___Deficient
<b>600.011.012</b>	___Compliant	___Deficient
<b>600.011.013</b>	___Compliant	___Deficient
<b>600.011.014</b>	___Compliant	___Deficient
<b>600.011.015</b>	___Compliant	___Deficient
<b>600.011.020</b>	___Compliant	___Deficient
<b>600.011.025</b>	___Compliant	___Deficient
<b>600.011.030</b>	___Compliant	___Deficient

### **600.12    Miscellaneous**

<b>600.012.015</b>	___Compliant	___Deficient
<b>600.012.020</b>	___Compliant	___Deficient
<b>600.012.025</b>	___Compliant	___Deficient
<b>600.012.030</b>	___Compliant	___Deficient
<b>600.012.035</b>	___Compliant	___Deficient
<b>600.012.040</b>	___Compliant	___Deficient
<b>600.012.045</b>	___Compliant	___Deficient

### **600.20    Informed Consent Forms**

<b>600.020.010</b>	___Compliant	___Deficient
<b>600.020.011</b>	___Compliant	___Deficient
<b>600.020.020</b>	___Compliant	___Deficient
<b>600.020.025</b>	___Compliant	___Deficient
<b>600.020.026</b>	___Compliant	___Deficient
<b>600.020.027</b>	___Compliant	___Deficient

### **600.30    Laboratory, Pathology, X-Ray, Consultation and Treating Physician Reports**

<b>600.030.010</b>	___Compliant	___Deficient
<b>600.030.020</b>	___Compliant	___Deficient
<b>600.030.025</b>	___Compliant	___Deficient
<b>600.030.030</b>	___Compliant	___Deficient
<b>600.030.035</b>	___Compliant	___Deficient
<b>600.030.040</b>	___Compliant	___Deficient
<b>600.030.050</b>	___Compliant	___Deficient
<b>600.030.051</b>	___Compliant	___Deficient
<b>600.030.055</b>	___Compliant	___Deficient
<b>600.030.060</b>	___Compliant	___Deficient
<b>600.030.065</b>	___Compliant	___Deficient

## AAAASF Medicare 6.5

### **600.40    O.R. Records - Major Cases**

<b>600.040.001</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.002</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.003</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.004</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.006</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.007</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.008</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.009</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>600.040.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient

### **700.10    Quality Improvement**

<b>700.010.005</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.041</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.046</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.047</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.048</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.049</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.052</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient
<b>700.010.053</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

### **700.20    Peer Review**

<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

### **700.30     Random Case Review**

700.030.010     \_\_\_Compliant     \_\_\_Deficient  
700.030.021     \_\_\_Compliant     \_\_\_Deficient  
700.030.022     \_\_\_Compliant     \_\_\_Deficient  
700.030.023     \_\_\_Compliant     \_\_\_Deficient  
700.030.024     \_\_\_Compliant     \_\_\_Deficient  
700.030.025     \_\_\_Compliant     \_\_\_Deficient  
700.030.026     \_\_\_Compliant     \_\_\_Deficient  
700.030.027     \_\_\_Compliant     \_\_\_Deficient

### **700.40     Unanticipated Operative Sequelae**

700.040.011     \_\_\_Compliant     \_\_\_Deficient  
700.040.012     \_\_\_Compliant     \_\_\_Deficient  
700.040.013     \_\_\_Compliant     \_\_\_Deficient  
700.040.014     \_\_\_Compliant     \_\_\_Deficient  
700.040.015     \_\_\_Compliant     \_\_\_Deficient  
700.040.016     \_\_\_Compliant     \_\_\_Deficient  
700.040.017     \_\_\_Compliant     \_\_\_Deficient  
700.040.018     \_\_\_Compliant     \_\_\_Deficient  
700.040.021     \_\_\_Compliant     \_\_\_Deficient  
700.040.022     \_\_\_Compliant     \_\_\_Deficient  
700.040.023     \_\_\_Compliant     \_\_\_Deficient  
700.040.024     \_\_\_Compliant     \_\_\_Deficient  
700.040.025     \_\_\_Compliant     \_\_\_Deficient  
700.040.050     \_\_\_Compliant     \_\_\_Deficient

### **700.50     Patient's Bill of Rights**

700.050.010     \_\_\_Compliant     \_\_\_Deficient  
700.050.020     \_\_\_Compliant     \_\_\_Deficient  
700.050.050     \_\_\_Compliant     \_\_\_Deficient

700.050.051     \_\_\_Compliant     \_\_\_Deficient

700.050.052     \_\_\_Compliant     \_\_\_Deficient

700.050.055     \_\_\_Compliant     \_\_\_Deficient

### **700.60     Competency, Grievances**

700.060.015     \_\_\_Compliant     \_\_\_Deficient  
700.060.016     \_\_\_Compliant     \_\_\_Deficient  
700.060.026     \_\_\_Compliant     \_\_\_Deficient  
700.060.027     \_\_\_Compliant     \_\_\_Deficient  
700.060.028     \_\_\_Compliant     \_\_\_Deficient  
700.060.029     \_\_\_Compliant     \_\_\_Deficient  
700.060.030     \_\_\_Compliant     \_\_\_Deficient  
700.060.041     \_\_\_Compliant     \_\_\_Deficient  
700.060.042     \_\_\_Compliant     \_\_\_Deficient  
700.060.043     \_\_\_Compliant     \_\_\_Deficient  
700.060.044     \_\_\_Compliant     \_\_\_Deficient  
700.060.045     \_\_\_Compliant     \_\_\_Deficient  
700.060.046     \_\_\_Compliant     \_\_\_Deficient  
700.060.047     \_\_\_Compliant     \_\_\_Deficient  
700.060.051     \_\_\_Compliant     \_\_\_Deficient  
700.060.052     \_\_\_Compliant     \_\_\_Deficient  
700.060.053     \_\_\_Compliant     \_\_\_Deficient



## AAAASF Medicare 6.5

### **800.5      Medical Director**

800.005.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.005.015      \_\_\_\_Compliant      \_\_\_\_Deficient

800.005.020      \_\_\_\_Compliant      \_\_\_\_Deficient

800.005.025      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.10      Staff Physicians, Podiatrists, or Oral Surgeons**

800.010.005      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.020      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.040      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.050      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.055      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.060      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.065      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.070      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.075      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.080      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.085      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.090      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.095      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.100      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.105      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.110      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.115      \_\_\_\_Compliant      \_\_\_\_Deficient

800.010.120      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.20      Anesthesiologist/CRNA**

800.020.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.011      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.012      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.013      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.014      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.016      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.017      \_\_\_\_Compliant      \_\_\_\_Deficient

800.020.020      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.30      O.R. Personnel**

800.030.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.030.011      \_\_\_\_Compliant      \_\_\_\_Deficient

800.030.020      \_\_\_\_Compliant      \_\_\_\_Deficient

800.030.021      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.40      Personnel Records**

800.040.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.040.011      \_\_\_\_Compliant      \_\_\_\_Deficient

800.040.012      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.41      Records and Experience**

800.041.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.041.011      \_\_\_\_Compliant      \_\_\_\_Deficient

800.041.012      \_\_\_\_Compliant      \_\_\_\_Deficient

800.041.013      \_\_\_\_Compliant      \_\_\_\_Deficient

800.041.014      \_\_\_\_Compliant      \_\_\_\_Deficient

800.041.015      \_\_\_\_Compliant      \_\_\_\_Deficient

### **800.42      Safety Training**

800.042.010      \_\_\_\_Compliant      \_\_\_\_Deficient

800.042.011      \_\_\_\_Compliant      \_\_\_\_Deficient

800.042.012      \_\_\_\_Compliant      \_\_\_\_Deficient

800.042.013      \_\_\_\_Compliant      \_\_\_\_Deficient

800.042.014      \_\_\_\_Compliant      \_\_\_\_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)



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