



## MEDICARE

# **Standards and Checklist** for accreditation of ambulatory surgery facilities

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



**Medicare Standards and Checklist for Accreditation of Ambulatory Surgery Facilities**

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American Association for Accreditation of Ambulatory Surgery Facilities, Inc.



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**AAAASF**

5101 Washington Street  
P.O. Box 9500  
Gurnee, IL 60031

**FACILITY IDENTIFICATION FORM**

**2011**

\_\_\_ No Information Changes

\_\_\_ Information Changes Noted Below

\_\_\_\_\_  
Facility Identification Number

Facility Class: \_\_CLASS A \_\_CLASS B \_\_CLASS C-M \_\_CLASS C  
(Check one)

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Name of Facility Director (must be M.D. or D.O.)

\_\_\_\_\_  
Name of Office Manager or Head Nurse

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Website

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Facility Owner, Controlling Stockholder and/or Beneficial Ownership (List additional names on separate sheet)

\_\_\_\_\_  
Facility Licensure

\_\_\_\_\_  
Date

☐ Not Previously Accredited by Other Accrediting Organization

☐ Previously Accredited by Other Accrediting Organization

Name(s) of Other Organization: \_\_\_\_\_

Initial Inspection Date \_\_\_\_\_ Class \_\_\_\_\_

Last Re- Inspection Date \_\_\_\_\_ Class \_\_\_\_\_

X

\_\_\_\_\_  
*Facility Director's Signature*

\_\_\_\_\_  
Date



*Please list all practitioners performing any procedures in the facility*

---

**Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)**

---

---

**State Medical License #**

---

**Specialty(s)**

---

---

**ABMS/AOABOS Certifying Board**

---

**Year Certified or Year Eligible**

---

---

**Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges**

---

---

**Department or Section**

---

**Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?**

☐ NO☐ YES

---

**List Hospital(s)**

---

**Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)**

---

---

**State Medical License #**

---

**Specialty(s)**

---

---

**ABMS/AOABOS Certifying Board**

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**Year Certified or Year Eligible**

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**Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges**

---

---

**Department or Section**

---

**Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?**

☐ NO☐ YES

---

**List Hospital(s)**





*Please list all practitioners performing any procedures in the facility*

Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)

State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges

Department or Section

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?

☐ NO☐ YES

List Hospital(s)

Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)

State Medical License #

Specialty(s)

ABMS/AOABOS Certifying Board

Year Certified or Year Eligible

Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges

Department or Section

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?

☐ NO☐ YES

List Hospital(s)



*Please list all practitioners performing any procedures in the facility*

---

**Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)**

---

**State Medical License #**

---

**Specialty(s)**

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**ABMS/AOABOS Certifying Board**

---

**Year Certified or Year Eligible**

---

**Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges**

---

**Department or Section****Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?**☐ NO☐ YES

---

**List Hospital(s)**

---

**Name of Practitioner (Please Indicate Credentials - M.D., D.O., M.D./D.D.S., D.P.M.)**

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**State Medical License #**

---

**Specialty(s)**

---

**ABMS/AOABOS Certifying Board**

---

**Year Certified or Year Eligible**

---

**Local Accredited or Licensed Acute Care Hospital at Which Doctor Has Current Admitting Privileges**

---

**Department or Section****Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all procedures that they perform at this facility?**☐ NO☐ YES

---

**List Hospital(s)**



## **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 any surgeon operating 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.
- (D) non-reporting of any of the above.

### **Appeal**

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 appeal this decision. 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.**

**VERSION 5.0**

**Approved by CMS November 17, 2009**

**American Association for Accreditation of Ambulatory Surgery Facilities, Inc.**

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## **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.

## Definition of Facility Class

### - 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. Class A facilities must meet all Class A standards. In a Class A facility, no more than 500cc's of aspirate should be removed when performing liposuction.

### - Class B –

In a Class B facility, surgical, endoscopic, and/or pain management procedures are performed in the facility under:

1. Intravenous sedation, and/or
2. Parenteral sedation, and/or
3. Regional anesthesia, and/or
4. Dissociative drugs (excluding Propofol).

These agents may be administered by a qualified physician (Standard 1000.0.1), 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, or by R.N under the supervision of a qualified physician.

Procedures in Class B facilities may also be performed under:

1. Local anesthesia and/or
2. Topical anesthesia

The use of endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (including Nitrous Oxide) and Propofol is prohibited in a Class B facility.

### - Class C-M –

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

1. Intravenous Propofol, and/or
2. Spinal anesthesia, and/or
3. Epidural anesthesia.

These agents may be administered by either a qualified physician (Standard 1000.0.1), 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. 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.

As in Class B facilities, procedures in a Class C-M facility may also be performed under:

1. Local anesthesia, and/or
2. Topical anesthesia.

Class C-M facilities must meet all Class B, and Class C-M standards, which are exempt from the Class C standards for the administration of inhalation general anesthesia (including Nitrous Oxide).



## Definition of Facility Class (continued)

### - Class C –

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

1. Intravenous Propofol, and/or
2. Spinal anesthesia, and/or
3. Epidural anesthesia, and/or
4. Inhalation agents, (including Nitrous Oxide) with or without endotracheal intubation or laryngeal mask airway anesthesia.

These agents may be administered by either a qualified physician (Standard 1000.0.1), 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.

As in Class B facilities, procedures in a Class C facility may also be performed under:

1. Local anesthesia, and/or
2. Topical anesthesia.

Class C facilities must meet all Class B, and Class C standards.

## **IMPORTANT NOTICE**

Maximal patient safety has always been and shall remain our guiding concern. We are proud that our Standards may be considered the strongest of any agency that accredits ambulatory surgery facilities, and that many consider them to be the *Gold Standard*. We recognize, though, that they need to be part of a *living document*, and we continually re-evaluate and revise those Standards in the light of medical advances and changing legislative guidelines.

Please note that the AAAASF Accreditation Program requires 100% compliance with each and every Standard to become and remain an accredited facility. There are no exceptions. However, when a Standard refers to *appropriate* or *proper* or *adequate*, reasonable flexibility and room for individual consideration by the inspector is permitted as long as patient and staff safety remain uncompromised.

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

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Phone: 847-775-1970  
Fax: 847-775-1985  
Web: [www.aaaasf.org](http://www.aaaasf.org)

### **Facility Director's Attestation**

The Facility Director must ensure and attest that the facility meets all local, state, and federal regulations, since such governmental regulations may supersede AAAASF Standards. Please note, however, that the stricter regulation applies, whether it is the federal, state, or local regulation, or the AAAASF standard.

Please complete and sign the following document and return to the AAAASF office:

### **FACILITY DIRECTOR'S ATTESTATION**

As Director of the (name of facility) \_\_\_\_\_, located at \_\_\_\_\_, I attest that this facility meets all applicable local, state, and federal zoning and construction codes and regulations, including Certificate of Need requirements, as mandated. I further acknowledge that wherever governmental regulations or codes supersede AAAASF Standards, the stricter rule is applicable, whether it is the local, state, federal regulation or code or AAAASF Standard.

\_\_\_\_\_  
Facility Director

\_\_\_\_\_  
Date



## Equipment

List all major equipment such as: electrosurgical units, autoclaves, cardiac monitors, gas sterilizers, blood pressure monitors, defibrillators, anesthesia machines, pulse oximeters, O<sub>2</sub> monitors, suction equipment, fiber optic equipment, emergency equipment, etc.

	Instrument/Equipment Name	Make/Model	Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			



**100 GENERAL ENVIRONMENT**

**100.000.001** A,B,C-M,C CFR # 416.42.(a).(1)

The ASC uses its space for ambulatory surgery exclusively.

---

**100.000.002** A,B,C-M,C

The record keeping is exclusive to the ASC.

---

**100.000.003** A,B,C-M,C

The staff is responsible to the ASC.

---

**100.000.004** A,B,C-M,C

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

---

**100.000.005** A,B,C-M,C

The ASC is separated physically by at least semi-permanent walls and doors. It does not have to be in a building separate from other health care activities (e.g., hospital, clinic, physician's office).

---

**100.000.006** 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.

---

## 100 GENERAL ENVIRONMENT

100.000.007 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.

---

100.000.016 A,B,C-M,C CFR # 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.

---

100.000.017 A,B,C-M,C CFR # 416.2

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.

---

## **100 GENERAL ENVIRONMENT**

### **100.10 Appearance and Layout**

**100.010.010**      A,B,C-M,C              CFR # 416.44.(a)

The ASC must have a functional, safe and sanitary environment for the provision of surgical services. This environment must be properly constructed, equipped and maintained to protect the health and safety of patients and displays a professional look that is in keeping with a medical facility designed to carry out surgical procedures. (Found in the Code of the Federal Register, Part 416.44; Environment).

---

**100.010.011**      A,B,C-M,C              CFR # 416.44

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

---

**100.010.020**      A,B,C-M,C

There is an adequate, separate waiting room.

---

**100.010.021**      A,B,C-M,C

The waiting room is:  
Adequately sized.

---

**100.010.022**      A,B,C-M,C

The waiting room is:  
Appropriately lighted.

---

**100.010.023**      A,B,C-M,C

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

---



**100 GENERAL ENVIRONMENT**

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

There is adequate area for administrative activities.

---

**100.010.031** A,B,C-M,C

The administrative work area:  
Provides adequate work space.

---

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

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

---

**100.010.033** A,B,C-M,C

The administrative work area is:  
Appropriately lighted.

---

**100.010.034** A,B,C-M,C

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

---

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

The administrative work area is:  
Properly cleaned and maintained.

---

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

There is adequate storage space for supplies.

---

**100 GENERAL ENVIRONMENT**

**100.010.041** A,B,C-M,C

The storage space is:  
Adequately sized.

---

**100.010.042** A,B,C-M,C

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

---

**100.010.043** 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.

---

**100.010.050** A,B,C-M,C

There is at least one examination room.

---

**100.010.051** A,B,C-M,C

The examination room is:  
Separate and distinct from the operating room.

---

**100.010.052** A,B,C-M,C

The examination room is:  
Properly ventilated and temperature controlled for patient comfort.

---

**100.010.053** A,B,C-M,C

The examination room is:  
Appropriately lighted.

---

**100 GENERAL ENVIRONMENT**

**100.010.054** A,B,C-M,C

The examination room is:  
Appropriately equipped.

---

**100.010.055** A,B,C-M,C

The examination room is:  
Properly maintained and free of litter or clutter.

---

**100.010.060** A,B,C-M,C

There are adequate lavatory facilities for patients and personnel.

---

**100.010.061** A,B,C-M,C

The lavatory facilities:  
Comply with ADA guidelines.

---

**100.010.062** A,B,C-M,C

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

---

**100.010.063** A,B,C-M,C

The lavatory facilities are:  
Regularly cleaned and maintained.

---

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

The facility is adequately ventilated and temperature controlled.

---

**100 GENERAL ENVIRONMENT**

**100.010.080** A,B,C-M,C

There is appropriate lighting in the facility.

---

**100.010.090** A,B,C-M,C

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

---

**100.010.100** A,B,C-M,C

Smoking is prohibited in all patient care and hazardous areas.

---

**100.010.110** 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.

---

**100.99 Additional Medicare Standards**

**100.099.001** A,B,C-M,C CFR # 416.40

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).

---

**100.099.002** A,B,C-M,C

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

---

**100.099.003** A,B,C-M,C

The facility has an appropriate staff consultation office(s).

---

**100 GENERAL ENVIRONMENT**

**100.099.007** A,B,C-M,C

The ASC must provide a functional and sanitary environment for the provision of surgical services.

---

## 200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

### 200.10 Operating Suite

200.010.010 B,C-M,C CFR # 416.44.(a).(2)

The Operating Suite is physically and distinctly separate and segregated from the General Office Area (waiting room, exam room, administrative area, physician office, staff lounges, etc.) As found in the Code of Federal Regulations, Part 416.44; Physical Environment.

---

200.010.020 B,C-M,C

There is a room which functions only as an operating room.

---

200.010.050 A,B,C-M,C

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

---

200.010.061 A,B,C-M,C

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

---

200.010.062 A,B,C-M,C

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

---

200.010.063 A,B,C-M,C

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

---

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

**200.010.070** 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.

---

**200.010.071** 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.

---

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

Each operating room:  
Has appropriate lighting.

---

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

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

---

**200.20 Sterilization**

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

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

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

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

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

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

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

---

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

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

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

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

Sterilizers have appropriately maintained logs for all routine checks.

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

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

---

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

Sterile supplies are:  
Stored away from potential contamination hazards.

---

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

Sterile supplies are:  
Appropriately labeled indicating sterility.

---

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

Sterile supplies are:  
Appropriately packaged to prevent accidental opening.

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

Sterile supplies are:  
Sealed with autoclave tape.

---

**200.020.093** 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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**200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**200.30 Asepsis**

**200.030.010** A,B,C-M,C

Instrument handling and sterilizing areas are cleaned and properly maintained.

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**200.030.020** 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.

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**200.030.030** 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.

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

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

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**200.030.050** A,B,C-M,C

Aseptic techniques are maintained during procedures and between cases.

---

**200.030.060** A,B,C-M,C CFR # 416.51

Conditions for coverage - Infection control.

The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases. (Found in the Code of Federal Regulations; part 416.51; Infection Control).

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

**200.030.061**      A,B,C-M,C      CFR # 416.51.(a)

(a) Standard: Sanitary Environment.

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. (Found in the Code of the Federal Register, part 416.51; Infection Control).

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**200.030.062**      A,B,C-M,C      CFR # 416.51.(a)

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).

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**200.030.070**      A,B,C-M,C

A sterile field is routinely used during all surgery.

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**200.030.079**      A,B,C-M,C      CFR # 416.51.(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.

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**200.030.080**      A,B,C-M,C      CFR # 416.51.(b)

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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**200.030.081**      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.

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## 200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

**200.030.090** A,B,C-M,C CFR # 416.51.(a)

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

---

**200.030.100** 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.

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### 200.40 Maintenance and Cleaning

**200.040.010** A,B,C-M,C

The operating room(s) is properly maintained.

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**200.040.020** A,B,C-M,C CFR # 416.51.(a)

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.

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**200.040.030** 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** A,B,C-M,C CFR # 416.51.(a)

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.

---

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

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

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

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**200.50** **Surfaces**

**200.050.010** 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.

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**200.050.020** 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.

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**200.050.030** B,C-M,C CFR # 416.51.(a)

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.

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**200.050.040** 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).

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**200.050.041** 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)

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

**200.55 Infection Control**

**200.055.020** A,B,C-M,C CFR # 416.51.(b).(1)

The Infection Control program is--

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

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**200.055.021** A,B,C-M,C CFR # 416.51.(b).(2)

The Infection Control program is--

(2) An integral part of the ASC's quality assessment and performance improvement program; and

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**200.055.023** A,B,C-M,C CFR # 416.51.(b).(3)

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.

---

**200.60 Equipment**

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

Only properly inspected equipment is used in the operating room.

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

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

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## 200 OPERATING ROOM ENVIRONMENT, POLICY AND PROCEDURES

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

There is an adequate operating room table or chair.

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

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

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

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

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### 200.61 Equipment List

**200.061.010** B,C-M,C CFR # 416.44.(c).(5)

EKG monitor with pulse read-out

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**200.061.011** B,C-M,C CFR # 416.44.(c).(5)

Pulse oximeter (pulse oximeters are in both the operating room and recovery room for simultaneous use, if applicable)

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**200.061.012** A,B,C-M,C CFR # 416.44.(c).(5)

Blood pressure monitoring equipment

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

**200.061.013**      A,B,C-M,C      CFR # 416.44.(c).(4)

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**      B,C-M,C

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**      A,B,C-M,C

Oral airways for each type of patient that is treated in your facility (adult and pediatric)

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**200.061.016**      B,C-M,C      CFR # 416.44.(c).7

Nasopharyngeal airways and laryngeal mask airways

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**200.061.017**      B,C-M,C      CFR # 416.44.(c).7

Laryngoscope

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**200.061.018**      B,C-M,C

Endotracheal tubes

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**200.061.019**      B,C-M,C      CFR # 416.44.(c).7

Endotracheal stylet

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

**200.061.020**      A,B,C-M,C      CFR # 416.44.(c).(3)

Positive Pressure ventilation device (e.g. Ambu™ bag)

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**200.061.021**      A,B,C-M,C      CFR # 416.44.(c).(2)

Source of O2

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**200.061.022**      A,B,C-M,C      CFR # 416.44.(c).8

Source of suction and suction equipment

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**200.061.023**      B,C-M,C

Source of cautery

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**200.061.024**      B,C-M,C

Electrocautery with appropriate grounding plate or disposable pad

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**200.061.025**      C

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**      C

An inspired gas oxygen monitor on the anesthesia machine

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**200.061.028**      C

A CO2 monitor is used on all general anesthesia cases

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

**200.70 Emergency Power**

**200.070.010** 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.).

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**200.070.020** 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.

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**200.070.030** B,C-M,C

The emergency power equipment is checked monthly to insure function.

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**200.80 Medical Hazardous Waste**

**200.080.011** 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.

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**200.080.020** 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.

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

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

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

**200.99 Additional Medicare Standards**

**200.099.001** 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.

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**200.099.002** B,C-M,C CFR # 416.44.(c)

(c ) Standard: Emergency equipment.  
Emergency equipment available to the operating rooms must include at least the following:

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**200.099.003** A,B,C-M,C CFR # 416.44.(c).(1)

The operating room has an emergency call system.

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**200.099.004** A,B,C-M,C

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

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**200.099.004** A,B,C-M,C

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

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**200.099.005** A,B,C-M,C

Medical gas supply systems are located in a room dedicated solely for that use. ONLY full or empty medical gas cylinders are stored in the medical gas supply room. NO other materials are permitted to be stored in the medical gas supply room.

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

**200.099.006** A,B,C-M,C

The door to the medical gases supply room does not open directly on anesthetizing locations such as the operating room or recovery room.

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**200.099.007** A,B,C-M,C

Exterior medical gas supply and storage areas are provided with locked doors or gates.

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**200.099.008** A,B,C-M,C

Medical gas supply systems include sensors to monitor the status of each gas provided and to provide an audible and non-cancelable visual indication of problem conditions.

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**200.099.009** 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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**200.099.010** 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.

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**200.099.011** B,C-M,C CFR # 416.44.(c).(3)

Mechanical ventilatory assistance, equipment including airways, manual breathing bag, and ventilator.

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**200.099.012** B,C-M,C CFR # 416.44.(c).6

The ASC must have a Tracheostomy Set

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

**200.099.013**      A,B,C-M,C      CFR # 416.44.(a).(3)

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

---

**200.099.014**      A,B,C-M,C      CFR # 416.44.(a).(1)

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

---

**300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.10 Recovery Room(s)**

**300.010.010** B,C-M,C CFR # 416.44.(a).(2)

There is a separate recovery room within the operating suite.

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**300.010.011** B,C-M,C

The recovery area is:  
Adequately sized.

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**300.010.012** B,C-M,C

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

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**300.010.013** B,C-M,C

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

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**300.010.020** 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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**300.010.030** B,C-M,C CFR # 416.44.(d)

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 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.010.050** B,C-M,C

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

---

**300.010.060** B,C-M,C

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

---

**300.20 Discharge**

**300.020.010** B,C-M,C

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

---

**300.020.011** B,C-M,C

The patient must be discharged in the company of a responsible adult, except those exempted by the attending physician and supervised in the immediate post discharge period by a responsible adult for at least 24 hours depending on the procedure and anesthesia used.

---

**300.020.020** 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** B,C-M,C

Personnel assist with discharge from the recovery area.

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**300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.020.040** B,C-M,C

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

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

Patients receiving only local anesthesia without sedation may transport themselves.

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**300.020.042** 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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**300.30 Extended Stays**

**300.030.010** 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** B,C-M,C

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

---

**300.99 Additional Medicare Standards**

**300.099.001** B,C-M,C

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

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**300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.099.002** B,C-M,C

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

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**300.099.003** B,C-M,C

All recovering patients must remain under direct observation and supervision until discharged from the recovery room.

---

**300.099.004** 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.

---

**300.099.009** A,B,C-M,C CFR # 416.52.(b).(1)

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.

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**300.099.010** A,B,C-M,C CFR # 416.52.(b).(2)

Post-surgical assessment.

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

---

**300.099.012** A,B,C-M,C CFR # 416.52.(c).(1)

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.

---

**300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.099.013**      A,B,C-M,C      CFR # 416.52.(c).(2)

Discharge. The ASC must--

(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.

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**300.099.014**      B,C-M,C      CFR # 416.52.(c).(3)

Discharge. The ASC must--

(3) Ensure all patients are discharged in the company of a responsible adult, except those patients exempted by the attending physician.

---

**300.099.020**      A,B,C-M,C      CFR # 416.52

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. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.52 Patient admission, assessment and discharge; Standard: (a) Admission and pre-surgical assessment; Standard: (b) Post-surgical Assessment; Standard: © Discharge).

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**300.099.021**      A,B,C-M,C

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, or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy. (Found in the Code of Federal Regulations, part 416.52(a); Admission and Pre-Surgical Assessment).

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**300.099.022**      A,B,C-M,C      CFR # 416.52.(a).(2)

Admission and pre-surgical assessment.

(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 biological.

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**300 RECOVERY ROOM ENVIRONMENT, POLICY AND PROCEDURES**

**300.099.023**      A,B,C-M,C      CFR # 416.52.(a).(3)

Admission and pre-surgical assessment.

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

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**400 GENERAL SAFETY IN THE FACILITY**

**400.000.004** A,B,C-M,C CFR # 416.41.(b).(2)

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

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**400.10 General**

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

There is a Facility Safety Manual.

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

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

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**400.010.012** 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** 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** 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 GENERAL SAFETY IN THE FACILITY**

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

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

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

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

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

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

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**400.20 Emergency Protocols**

**400.020.010** A,B,C-M,C CFR # 416.41.(c)

The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.

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

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

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**400 GENERAL SAFETY IN THE FACILITY**

**400.020.012** 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, or:

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**400.020.013** 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** C

There is a written protocol for:  
Malignant hyperthermia

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

There is a written protocol for:  
Cardiopulmonary resuscitation

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

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

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## **400 GENERAL SAFETY IN THE FACILITY**

### **400.020.019 A,B,C-M,C**

The Ambulatory Surgery Facility has an effective procedure for the immediate transfer to a hospital of patients requiring emergency medical care beyond the capabilities of the ambulatory surgery center.

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### **400.020.020 A,B,C-M,C**

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

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### **400.020.021 A,B,C-M,C CFR # 416.41.(c).(1)**

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).

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### **400.020.022 A,B,C-M,C CFR # 416.41.(c).(2)**

The ASC coordinates the plan with State and local authorities as appropriate. (Found in the Code of Federal Regulations, part 416.41(c); Disaster Preparedness Plan).

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### **400.020.023 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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### **400.020.024 A,B,C-M,C CFR # 416.41.(c).(3)**

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

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## **400 GENERAL SAFETY IN THE FACILITY**

**400.020.025**      A,B,C-M,C      CFR # 416.41.(c).(3)

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

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### **400.21      Transfer Agreement**

**400.021.020**      A,B,C-M,C

There must be a written transfer agreement with a local accredited or licensed acute care hospital which is approved by the facility's medical staff or all physicians performing surgery at the ASC must have admitting privileges at a referral hospital in case of an emergency.

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### **400.30      Hazardous Agents**

**400.030.010**      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**      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 GENERAL SAFETY IN THE FACILITY

**400.030.030**      A,B,C-M,C      CFR # 416.44.(b).(1)

Hazardous chemicals are labeled as such.

(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.

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**400.030.031**      A,B,C-M,C      CFR # 416.44.(b).(2)

(b) Standard: Safety from fire. (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.

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**400.030.032**      A,B,C-M,C      CFR # 416.44.(b).(3)

(b) Standard: Safety from fire. (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.

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**400.030.033**      A,B,C-M,C      CFR # 416.44.(b).(4)

(b) Standard: Safety from fire. (4) An ASC must be in compliance with Chapter 21.2.9.1, Emergency Lighting, beginning on March 13, 2006. As found in the Code of Federal Regulations, Part 416.44, Physical Environment.

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**400.030.034**      A,B,C-M,C      CFR # 416.44.(b).(5)

(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 if-

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## 400 GENERAL SAFETY IN THE FACILITY

**400.030.035** A,B,C-M,C CFR # 416.44.(b).(5).(i)

(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;

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**400.030.036** A,B,C-M,C CFR # 416.44.(b).(5).(ii)

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

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**400.030.037** A,B,C-M,C CFR # 416.44.(b).(5).(iii)

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

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**400.030.038** A,B,C-M,C

(iv) The dispensers are installed in accordance to the following provisions:

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

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

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**400.030.041** A,B,C-M,C CFR # 416.44.(b).(5).(iv).(B).(1)

(B) The maximum individual dispenser fluid capacity shall be: (1) 0.3 gallons (1.2 liters) for dispensers in rooms, corridors, and areas open to corridors.

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**400.030.042** A,B,C-M,C CFR # 416.44.(b).(5).(iv).(B).(2)

(B) The maximum individual dispenser fluid capacity shall be: (2) 0.5 gallons (2.0 liters) for dispensers in suites of rooms.

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**400 GENERAL SAFETY IN THE FACILITY**

**400.030.043** B,C-M,C CFR # 416.44.(b).(5).(iv).(C)

(C) The dispensers shall have minimum horizontal spacing of 4 ft (1.2m) from each other;

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**400.030.044** B,C-M,C CFR # 416.44.(b).(5).(iv).(D)

(D) 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;

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**400.030.045** B,C-M,C CFR # 416.44.(b).(5).(iv).(E)

(E) 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;

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**400.030.046** A,B,C-M,C CFR # 416.44.(b).(5).(iv).(F)

(F) The dispensers shall not be installed over or directly adjacent to an ignition source;

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**400.030.047** A,B,C-M,C CFR # 416.44.(b).(5).(iv).(G)

(G) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be permitted only in sprinklered smoke compartments; and

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**400.030.048** A,B,C-M,C CFR # 416.44.(b).(5).(v)

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

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**400.40 Fire Controls**

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

The facility is equipped with smoke detectors.

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**400 GENERAL SAFETY IN THE FACILITY**

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

An adequate number and variety of fire extinguishers are available.

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

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

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**400.50 Exits**

**400.050.010** 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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**400.050.020** A,B,C-M,C

There are sufficient emergency lights in case of a power failure for exit routes and patient care areas.

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**400.050.030** 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** 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** 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 GENERAL SAFETY IN THE FACILITY**

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

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

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### **400.99 Additional Medicare Standards**

**400.099.001** A,B,C-M,C

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

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**400.099.002** A,B,C-M,C

The ambulatory surgery facility holds monthly fire drills for each staff shift.

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**400.099.003** 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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**400.099.003** A,B,C-M,C

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

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**400.099.004** 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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**400.099.005** A,B,C-M,C

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

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**400 GENERAL SAFETY IN THE FACILITY**

**400.099.006** A,B,C-M,C

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

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**400.099.007** A,B,C-M,C

All doors in the ambulatory surgery facility, including exit doors must swing open to a full 90 degree opening. Exit doors must swing in the direction of exit travel.

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**400.099.008** 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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**400.099.009** A,B,C-M,C

At least two different exits are provided from the surgical suite and from the building floor.

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**400.099.010** 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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**400.099.011** A,B,C-M,C

Dead end corridors are limited to 20 feet in length.

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**400.099.012** A,B,C-M,C

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

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**400 GENERAL SAFETY IN THE FACILITY**

**400.099.013** A,B,C-M,C

The facility has a smoke activated alarm system and fire detectors. Additionally, manual pull fire alarm panels must be located at each required exit from the surgical facility. (Minimum of two)

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**400.099.014** A,B,C-M,C

Portable space heaters are prohibited.

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**400.099.015** A,B,C-M,C

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

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**400.099.016** 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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**400.099.017** A,B,C-M,C

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

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**400.099.018** A,B,C-M,C

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

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**400.099.019** 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 GENERAL SAFETY IN THE FACILITY**

**400.099.020** A,B,C-M,C

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

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**400.099.021** A,B,C-M,C

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

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**400.099.022** A,B,C-M,C

The ambulatory surgery facility must have written isolation procedures.

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**400.099.023** 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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**400.099.024** A,B,C-M,C

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

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**400.099.025** A,B,C-M,C

The ambulatory surgery facility must establish and maintain a program for identifying and preventing infections.

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**400.099.026** A,B,C-M,C

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

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**400 GENERAL SAFETY IN THE FACILITY**

**400.099.027** A,B,C-M,C

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

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**400.099.028** 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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**400.099.029** 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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**400.099.030** A,B,C-M,C

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

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**400.099.031** A,B,C-M,C CFR # 416.41.(b).(2)

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).

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**400.099.032** A,B,C-M,C CFR # 416.41.(b).(2).(i)

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.

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**400 GENERAL SAFETY IN THE FACILITY**

**400.099.033** A,B,C-M,C

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

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**400.099.034** A,B,C-M,C

The ASC must have procedures for obtaining radiologic services from a Medicare approved facility to meet the needs of patients.

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**400.099.036** A,B,C-M,C CFR # 416.41.(b).(1)

(b) Standard Hospitalization

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).

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**400.099.037** A,B,C-M,C CFR # 416.41.(b).(3).(ii)

Ensure that all physicians performing surgery in the ASC have admitting privileges at a hospital that meets the requirements of (b) (2) of this section under 42 CFR 482.2 of the Code of Federal Regulations; Governing Body)

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## 500 BLOOD AND MEDICATIONS

### 500.10 Blood & Substitutes

500.010.010 A,B,C-M,C CFR # 416.44.(c).9

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.

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500.010.020 A,B,C-M,C CFR # 416.44.(c).9

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.

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### 500.20 Medications

500.020.010 A,B,C-M,C CFR # 416.44.(c).9

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 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 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 BLOOD AND MEDICATIONS**

**500.020.040** 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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**500.020.050** A,B,C-M,C

Medications are routinely reviewed to remove and replace outdated drugs.

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

Routine medications are stored in a specific area.

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**500.21 ACLS Algorithm**

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

Epinephrine

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

Lidocaine – plain

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

Vasopressors other than Epinephrine

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**500 BLOOD AND MEDICATIONS**

**500.021.014** B,C-M,C

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:*

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**500.021.015** C

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

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**500.021.016** C

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

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**500.021.017** C

A minimum of twelve (12) vials of Dantrolene

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**500.021.018** 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** A,B,C-M,C

Seizure arresting medication (e.g. Valium™, barbiturates, Dilantin™, etc.

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

Bronchospasm arresting medication (e.g.Aminophylline)

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**500 BLOOD AND MEDICATIONS**

**500.021.021** A,B,C-M,C  
Intravenous corticosteroids

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**500.021.022** A,B,C-M,C  
Antihistamines

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**500.021.023** A,B,C-M,C  
Anti-Hypertensives

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**500.021.024** A,B,C-M,C  
Atropine

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**500.021.025** 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** B,C-M,C  
Benzodiazepine reversing agent (e.g. Mazicon™, Flumazenil)

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**500.99 Additional Medicare Standards**

**500.099.002** 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 BLOOD AND MEDICATIONS**

**500.099.003** A,B,C-M,C

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

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**500.099.004** A,B,C-M,C

All refrigerators must be monitored for proper temperature.

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**500.099.005** A,B,C-M,C

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

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**500.099.008** A,B,C-M,C

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

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**500.099.009** 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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**500.099.011** 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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**500.099.012** 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.

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**500 BLOOD AND MEDICATIONS**

**500.099.018** A,B,C-M,C

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

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**500.099.020** A,B,C-M,C CFR # 416.48

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. (As found in the Code of Federal Regulations, Part 416.48; Pharmaceutical Services).

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**500.099.021** A,B,C-M,C CFR # 416.48.(a)

Drugs must be prepared and administered according to established policies and acceptable standards of practice.

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**500.099.022** A,B,C-M,C CFR # 416.48.(a).(1)

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.

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**500.099.023** A,B,C-M,C CFR # 416.48.(a).(2)

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

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**500.099.024** A,B,C-M,C CFR # 416.48.(a).(3)

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

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## **600 MEDICAL RECORDS**

### **600.10 General**

**600.010.001**      A,B,C-M,C      CFR # 416.47.(b)

Each patient record must be accurate, legible, and promptly completed.

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**600.010.002**      A,B,C-M,C

Each patient record must be retained the number of years as required by state and/or federal law.

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**600.010.010**      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.

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**600.010.020**      A,B,C-M,C      CFR # 416.47.(b).(1)

Appropriate patient identification and information is easily identifiable.

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**600.010.021**      A,B,C-M,C

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

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**600.010.030**      A,B,C-M,C      CFR # 416.47.(b).(2)

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

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**600.010.031**      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 MEDICAL RECORDS**

**600.11 Medical Record Responses and Questions**

**600.011.010**      A,B,C-M,C      CFR # 416.47.(b).(5)

The medical record includes responses to the following questions:  
Drug allergies/sensitivities

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**600.011.011**      A,B,C-M,C

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

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**600.011.012**      A,B,C-M,C

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

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

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

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**600.011.015**      A,B,C-M,C

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

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**600 MEDICAL RECORDS**

**600.12 Miscellaneous**

**600.012.010** 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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**600.012.020** A,B,C-M,C CFR # 416.47.(b).(3)

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

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**600.20 Informed Consent Forms**

**600.020.010** A,B,C-M,C CFR # 416.50.(a).(2).(ii)

An informed consent is routinely obtained which specifically authorizes the surgeon, by name, to perform surgery and names or describes the operative procedure. (Found in the Code of the Federal Register, part 416.50(a)(2)(ii); Informed Consent).

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**600.020.011** A,B,C-M,C CFR # 416.47.(b).7

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

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**600.020.020** A,B,C-M,C CFR # 416.50.(a).(2).(ii)

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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**600.020.024** A,B,C-M,C

Advance Directives. The ASC must comply with the following requirements (Found in the Code of Federal Regulation, part 416.50(a)(2); Advance Directives):

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**600 MEDICAL RECORDS**

**600.020.025** A,B,C-M,C CFR # 416.50.(a).(2).(i)

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

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**600.020.026** A,B,C-M,C CFR # 416.50.(a).(2).(ii)

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

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**600.020.027** A,B,C-M,C CFR # 416.50.(a).(2).(iii)

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

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

**600.030.010** 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** 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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**600.030.030** 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 MEDICAL RECORDS**

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

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

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**600.030.050** A,B,C-M,C CFR # 416.41.(a)

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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**600.030.051** A,B,C-M,C CFR # 416.49.(a)

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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**600.40 O.R. Records**

**600.040.001** B,C-M,C

A separate surgical log is maintained, either in hard copy or computerized format.

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**600.040.002** 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** B,C-M,C

A Surgical Log must include:  
Date of surgery

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**600 MEDICAL RECORDS**

**600.040.004** B,C-M,C

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

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**600.040.005** B,C-M,C

A Surgical Log must include:  
Procedure(s)

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**600.040.006** B,C-M,C

A Surgical Log must include:  
Surgeon's name

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**600.040.007** B,C-M,C

A Surgical Log must include:  
Type of anesthesia

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**600.040.008** B,C-M,C

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

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**600.040.009** B,C-M,C

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

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**600.040.010** B,C-M,C CFR # 416.47.(b).6

A separate anesthesia record is maintained.

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**600 MEDICAL RECORDS**

**600.040.011** B,C-M,C CFR # 416.47.(b).6

Vital signs are recorded during surgery.

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**600.040.012** B,C-M,C CFR # 416.47.(b).6

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

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**600.040.013** B,C-M,C CFR # 416.47.(b).6

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

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**600.040.020** B,C-M,C

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

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**600.040.030** 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** B,C-M,C

Post-operative progress notes are recorded.

---

**600.99 Additional Medicare Standards**

**600.099.001** A,B,C-M,C CFR # 416.47

The ambulatory surgery facility must maintain separate, complete, comprehensive and accurate medical records to ensure adequate patient care. (As found in the Code Federal Regulations; Part 416.47; Medical Records).

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**600 MEDICAL RECORDS**

**600.099.002** A,B,C-M,C

The ambulatory surgery facility must maintain a medical record for each patient.

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**600.099.003** A,B,C-M,C

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

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**600.099.004** 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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**600.099.005** A,B,C-M,C CFR # 416.47.(b).(4)

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

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**600.099.006** 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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**600.099.007** A,B,C-M,C CFR # 416.49.(b).(2)

All radiological services must be obtained from a Medicare facility, but not a portable facility, and must meet the hospital conditions of participation for radiologic services specified in 482.26 of this chapter of the Code of Federal Regulations. (1) The ASC must have procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients.

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**600.099.009** A,B,C-M,C

The ambulatory surgery facility must have procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients.

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**600 MEDICAL RECORDS**

**600.099.010** A,B,C-M,C

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

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**600.099.011** 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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**600.099.014** A,B,C-M,C CFR # 416.49.(b)

Condition for Coverage - Laboratory and Radiologic Services.

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

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**600.099.018** A,B,C-M,C CFR # 416.49.(a)

If a facility does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with part 493 of 42 CFR.

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**600.099.019** A,B,C-M,C CFR # 416.49.(a)

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.

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**600.099.020** A,B,C-M,C CFR # 416.49.(a)

All laboratories must be CLIA approved according to CLIA requirements.

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**600.099.021** A,B,C-M,C CFR # 416.47.(b).(3)

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

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**600 MEDICAL RECORDS**

**600.099.022**      A,B,C-M,C      CFR # 416.47.(b).6

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

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**600.099.023**      A,B,C-M,C

Each patient record must be accurate, legible and promptly completed.

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**600.099.024**      A,B,C-M,C      CFR # 416.47.(b).7

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

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**600.099.025**      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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**600.099.026**      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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**600.099.027**      A,B,C-M,C      CFR # 416.47.(a)

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

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**600.099.028**      A,B,C-M,C      CFR # 416.47.(b)

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

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**600 MEDICAL RECORDS**

**600.099.029**      A,B,C-M,C      CFR # 416.47.(b).8

All medical records must include a discharge diagnosis.

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**600.099.030**      A,B,C-M,C      CFR # 416.41.(a)

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).

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.10 Quality Improvement**

**700.010.010** A,B,C-M,C

The governing body has oversight as follows;

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**700.010.011** A,B,C-M,C

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

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**700.010.012** 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

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**700.010.013** 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

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**700.010.014** 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 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.010.015**      A,B,C-M,C      CFR # 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. (From the Code of Federal Regulations, Part 416.43; Quality Assessment and Performance Improvement.)

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**700.010.040**      A,B,C-M,C      CFR # 416.43.(a).(1)

(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. (Found in the Code of Federal Regulations, Part 416.43, Quality Assessment and Performance Improvement).

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**700.010.041**      A,B,C-M,C      CFR # 416.43.(a).(2)

(a) Standard: Program scope.

(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.

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**700.010.046**      A,B,C-M,C      CFR # 416.43.(c).(1).(i)

(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.

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**700.010.047**      A,B,C-M,C      CFR # 416.43.(c).(1).(ii)

(c ) Standard: Program activities.

(1) The ASC must set priorities for its performance improvement activities that--

(ii) Consider incidence, prevalence, and severity of problems in those areas.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.010.048** A,B,C-M,C CFR # 416.43.(c).(1).(iii)

(c ) Standard: Program activities.

(1) The ASC must set priorities for its performance improvement activities that--

(iii) Affect health outcomes, patient safety, and quality of care.

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**700.010.049** A,B,C-M,C CFR # 416.43.(c).(2)

(2) Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time.

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**700.010.050** A,B,C-M,C CFR # 416.43.(c).(3)

(3) The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies.

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**700.010.052** A,B,C-M,C CFR # 416.43.(d).(1)

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.

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**700.010.053** A,B,C-M,C CFR # 416.43.(d).(2)

Standard: Performance improvement projects.

(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.

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**700.010.055** A,B,C-M,C CFR # 416.43.(b).(1)

(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.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.010.057** A,B,C-M,C CFR # 416.43.(b).(2).(i)

(2) The ASC must use the data collected to--

(i) Monitor the effectiveness and safety of its services, and quality of its care.

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**700.010.058** A,B,C-M,C CFR # 416.43.(b).(2).(ii)

(2) The ASC must use the data collected to--

(ii) Identify opportunities that could lead to improvements and changes in its patient care.

---

**700.010.061** A,B,C-M,C CFR # 416.43.(e).(1)

Governing body responsibilities. The governing body must ensure that the QAPI program--

(1) Is defined, implemented, and maintained by the ASC.

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**700.010.062** A,B,C-M,C CFR # 416.43.(e).(2)

Governing body responsibilities. The governing body must ensure that the QAPI program--

(2) Addresses the ASC's priorities and that all improvements are evaluated for effectiveness.

---

**700.010.063** A,B,C-M,C CFR # 416.43.(e).(3)

Governing body responsibilities. The governing body must ensure that the QAPI program--

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

---

**700.010.064** A,B,C-M,C CFR # 416.43.(e).(4)

Governing body responsibilities. The governing body must ensure that the QAPI program--

(4) Clearly establishes its expectations for safety.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.010.065** A,B,C-M,C CFR # 416.43.(e).(5)

Governing body responsibilities. The governing body must ensure that the QAPI program--  
(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.)

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**700.20 Peer Review**

**700.020.010** 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** 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** A,B,C-M,C

Peer Review is done by a recognized peer review organization or a M.D. other than the operating room surgeon.

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**700.30 Random Case Review**

**700.030.010** A,B,C-M,C

A minimum of six cases per surgeon utilizing the facility or 2% of all cases in a group practice are reviewed every six month.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.030.021** 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** 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** 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** 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** 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** 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** A,B,C-M,C

Random case reviews must include assessment of:  
Documentation of complications

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.40 Unanticipated Operative Sequelae**

**700.040.011** 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

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**700.040.012** 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

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**700.040.013** 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

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**700.040.014** 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

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**700.040.015** 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

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.040.016** 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

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**700.040.017** 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** 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** 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** 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** 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 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.040.024** 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** 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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**700.50 Patient's Bill of Rights**

**700.050.010** A,B,C-M,C CFR # 416.50

A Patient's Bill of Rights is prominently displayed or a copy is provided to each patient. 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).

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**700.050.020** A,B,C-M,C CFR # 416.50.(a)

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** A,B,C-M,C CFR # 416.50.(a).(1)

Notice of rights.

(1) The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. In addition, the ASC must --

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.050.051** A,B,C-M,C CFR # 416.50.(a).(1).(i)

(i) Post the written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, 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.

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**700.050.052** A,B,C-M,C CFR # 416.50.(a).(1).(ii)

(ii) The ASC must also disclose, where applicable, physician financial interests 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(a)(1)(ii); Physician Financial Disclosure).

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**700.050.055** 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: (a) Notice of Rights; Standard: (b) Exercise of Rights; Standard: (c) Privacy and Safety; Standard: (d) Confidentiality of clinical records).

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**700.050.060** A,B,C-M,C CFR # 416.50.(b).(3)

Exercise of rights and respect for property and person. (1) The patient has the right to—

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**700.60 Competency, Grievances**

**700.060.015** A,B,C-M,C CFR # 416.50.(b).(2)

(2) If a patient is adjudged incompetent under applicable State health and safety 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.

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**700.060.016** A,B,C-M,C CFR # 416.50.(b).(3)

(3) If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.060.025** A,B,C-M,C CFR # 416.50.(b)

(b) Standard: Exercise of rights and respect for property and person.  
(Found in the Code of Federal Regulation, part 416.50(b); Exercise of Rights and Respect for Property and Person).

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**700.060.027** A,B,C-M,C CFR # 416.50.(b).(1).(i)

The patient has the right to--  
(i) Exercise his or her rights without being subjected to discrimination or reprisal.

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**700.060.028** A,B,C-M,C CFR # 416.50.(b).(1).(ii)

The patient has the right to--  
(ii) Voice grievances regarding treatment or care that is (or fails to be) furnished.

---

**700.060.029** A,B,C-M,C CFR # 416.50.(b).(1).(iii)

The patient has the right to--  
(iii) Be fully informed about a treatment or procedure and the expected outcome before it is performed.

---

**700.060.030** A,B,C-M,C CFR # 416.50.(d)

(d) Standard: Confidentiality of clinical records. The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR parts 160 and 164. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.51 Infection Control; Standard: (a) Sanitary Environment; Standard: (b) Infection Control Program).

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**700.060.041** A,B,C-M,C CFR # 416.50.(a).(3).(i)

Investigation of Grievances.  
(i) 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(a)(3)(i); Patient Grievance Procedure).

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.060.042** A,B,C-M,C CFR # 416.50.(a).(3).(ii)

Investigation of Grievances.

(ii) All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.

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**700.060.043** A,B,C-M,C CFR # 416.50.(a).(3).(iii)

Investigation of Grievances.

(iii) All allegations must be immediately reported to a person in authority in the ASC.

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**700.060.044** A,B,C-M,C CFR # 416.50.(a).(3).(iv)

Investigation of Grievances.

(iv) Only substantiated allegations must be reported to the State authority or the local authority, or both.

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**700.060.045** A,B,C-M,C CFR # 416.50.(a).(3).(v)

Investigation of Grievances.

(v) The grievance process must specify timeframes for review of the grievance and the provisions of a response.

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**700.060.046** A,B,C-M,C CFR # 416.50.(a).(3).(vi)

Investigation of Grievances.

(vi) The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.

---

**700.060.047** A,B,C-M,C CFR # 416.50.(a).(3).(vii)

Investigation of Grievances.

(vii) The ASC must document how the grievance was addressed, as well as provide the patient 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.

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**700 QUALITY ASSESSMENT/QUALITY IMPROVEMENT**

**700.060.051** A,B,C-M,C CFR # 416.50.(c).(1)

( c ) Standard: Privacy and safety. The patient has the right to---  
(1) Personal Privacy

---

**700.060.052** A,B,C-M,C CFR # 416.50.(c).(2)

( c ) Standard: Privacy and safety. The patient has the right to---  
(2) Receive care in a safe setting.

---

**700.060.053** A,B,C-M,C CFR # 416.50.(c).(3)

( c ) Standard: Privacy and safety. The patient has the right to---  
(3) Be free from all forms of abuse or harassment.

---

**700.99 Additional Medicare Standards**

**700.099.001** 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.

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**800 PERSONNEL**

**800.000.001** A,B,C-M,C

The Medical Director must be currently licensed by the State.

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**800.000.002** A,B,C-M,C

The Medical Director must be 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.

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**800.000.003** A,B,C-M,C

The Medical Director must be board certified and practicing in the same surgical specialty.

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**800.000.004** A,B,C-M,C

The Medical Director must be actively involved in the routine direction and management of the facility.

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**800.10 Staff Physicians or Podiatrists**

**800.010.010** A,B,C-M,C

Each physician or podiatrist using the facility is credentialed and qualified for the procedures they perform.

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**800.010.020** A,B,C-M,C CFR # 416.42

Each physician or podiatrist 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).

---

## **800 PERSONNEL**

### **800.010.040 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.

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### **800.010.050 A,B,C-M,C**

Each physician or podiatrist must be currently licensed by the state. Copies of each physician's or podiatrist's license should be maintained on file in the facility.

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## **800.20 Anesthesiologist/CRNA**

### **800.020.010 B,C-M,C**

If anesthesiologists and/or CRNA participate in patient care at the facility, they are qualified for the procedures they perform and their credentials have been verified.

---

### **800.020.011 B,C-M,C**

Must be licensed by the state.

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### **800.020.012 C-M,C**

Must be responsible for the administration of intravenous sedation or general anesthesia and monitoring of all life support systems.

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**800 PERSONNEL**

**800.020.013** C-M,C

Ensure that all equipment is in proper working order.

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**800.020.014** C-M,C

Cannot function in any other capacity (e.g., surgical assistant or circulating nurse) during the procedure.

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**800.020.015** A,B,C-M,C

Pain Management procedures in the facility are performed only by a Board Certified Anesthesiologist or an Anesthesiologist within the Board Examination System.

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**800.020.016** A,B,C-M,C

Any changes in the physician or podiatrist staff must be reported in writing to the AAAASF Office within thirty days of such changes, with copies of the appropriate credentials of any new staff, including current medical license, ABMS Board Certification or letter of eligibility or equivalent documentation for Podiatrists, and current documentation of appropriate hospital privileges or satisfactory explanation for the lack thereof.

---

**800.020.017** 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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**800.30 O.R. Personnel**

**800.030.010** B,C-M,C

All operating suite personnel are under the immediate supervision of a M.D. or R.N and:

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## **800 PERSONNEL**

### **800.030.011 B,C-M,C**

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

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### **800.030.020 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 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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## **800.40 Personnel Records**

### **800.040.010 A,B,C-M,C**

There is a manual outlining personnel policies.

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### **800.040.011 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.

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**800 PERSONNEL**

**800.040.012** A,B,C-M,C

Personnel records 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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**800.41 Records and Experience**

**800.041.010** A,B,C-M,C

Resume of training and experience

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**800.041.011** A,B,C-M,C

Current certification or license if required by the state

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

Date of employment

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

Description of duties

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

Record of continuing education

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

Inoculation or refusals

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**800 PERSONNEL**

**800.42 Hazard Training**

**800.042.010** A,B,C-M,C  
Hazard Safety Training

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**800.042.011** A,B,C-M,C  
Bloodborne Pathogens

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**800.042.012** A,B,C-M,C  
Universal Precautions

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**800.042.013** A,B,C-M,C  
Other safety training such as operation of a fire extinguisher

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**800.042.014** A,B,C-M,C  
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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**800.50 Knowledge, Skill & CME Training**

**800.050.010** 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 PERSONNEL**

**800.050.020** 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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**800.050.030** A,B,C-M,C

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

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**800.60 Personnel Safety**

**800.060.010** A,B,C-M,C

If a gas sterilizer is used, appropriate personnel are badge tested to insure that there is no significant ethylene oxide exposure.

---

**800.060.020** C

Personnel are properly trained in the control procedures and work practices that have been demonstrated to reduce occupational exposures to anesthetic gases.

---

**800.060.030** 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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**800.99 Additional Medicare Standards**

**800.099.001** A,B,C-M,C

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

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**800 PERSONNEL**

**800.099.002** A,B,C-M,C

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

---

**800.099.003** A,B,C-M,C

The Certified Operating Room Technician must not only be trained but also supervised by the operating surgeon.

---

**800.099.004** A,B,C-M,C

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

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**800.099.005** A,B,C-M,C CFR # 416.46.(a)

There must be a registered nurse available for emergency treatment whenever there is a patient in the ambulatory surgery facility.

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**800.099.006** 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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**800.099.007** 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.

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**800.099.008** 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 PERSONNEL

**800.099.009**      A,B,C-M,C      CFR # 416.46.(a)

Patient care responsibilities must be delineated for all nursing service personnel.

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**800.099.010**      A,B,C-M,C      CFR # 416.46

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. (As found in the Code of Federal Regulations, Part 416.46; Nursing Services).

---

**800.099.011**      A,B,C-M,C      CFR # 416.45.(a)

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.

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**800.099.012**      A,B,C-M,C      CFR # 416.45.(b)

Medical staff privileges must be periodically reappraised by the ASC and the scope of procedures must be periodically reviewed and amended as appropriate.

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**800.099.013**      A,B,C-M,C      CFR # 416.45.(c)

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.

---

**800.099.031**      A,B,C-M,C      CFR # 416.41.(b).(3).(ii)

The ASC must have a written transfer agreement with a local Medicare participating acute care hospital, or all physicians performing surgery in the facility must have admitting privileges at such a hospital.

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## **900      GOVERNANCE**

### **900.10      Governing Body**

**900.010.010**      A,B,C-M,C      CFR # 416.41

The ASC has a governing body with full legal responsibility for determining, implementing, and monitoring policies governing ASC's total operation, develops and maintains a disaster preparedness plan, and for ensuring that these policies are administered so as to provide quality health care in a safe environment. (Found in the Code of Federal Regulations; Part 416 - Ambulatory Surgical Services; 416.41 Governing Body and Management; Section 416.41).

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**900.010.011**      A,B,C-M,C      CFR # 416.41

The governing body:  
Sets policy on how individual surgeons deal with each other and external parties

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**900.010.012**      A,B,C-M,C      CFR # 416.41

The governing body:  
Sets policy on surgeons role in properly dealing with patients

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**900.010.020**      A,B,C-M,C

The governing body is regulated by a governing document that has the consent of each member of the body.

---

**900.010.030**      A,B,C-M,C

The rules and regulations of the governing body are reviewed and revised at least annually.

---

**900.010.040**      A,B,C-M,C

Deficiencies within the ASC or within the rules and regulations are identified and remedied.

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## 900 GOVERNANCE

**900.010.050** A,B,C-M,C

The minutes of each official “Governance” meeting are recorded and filed with the original governing rules and regulations.

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**900.010.060** A,B,C-M,C

The governing body has a policy for addressing potential conflicts of interest.

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**900.010.070** A,B,C-M,C

Full disclosure of ownership is known and available to all employees and patients.

---

### 900.21 Mission and Structure

**900.021.010** 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** 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** A,B,C-M,C CFR # 416.41

The governing body is responsible for the operation and performance of the ASC including:  
Adopting policies and procedures for the orderly conduct of the ASC and for insuring procedures are provided in a safe and effective manner

---

## 900 GOVERNANCE

**900.021.013** 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** A,B,C-M,C CFR # 416.41

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** 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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**900.021.016** 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** A,B,C-M,C

The governing body is responsible for the operation and performance of the ASC including:  
Approving all arrangements for ancillary medical care delivered in the ASC, including laboratory, radiologic, pathologic, and anesthesia services

---

**900.021.018** 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 GOVERNANCE**

**900.30 Personnel**

**900.030.010** A,B,C-M,C

The appointment of administrative personnel is documented.

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**900.030.020** A,B,C-M,C

The personnel of the ASC are provided with job descriptions that include the authority, responsibility and functions of their respective positions.

---

**900.40 Administrator**

**900.040.001** A,B,C-M,C

The Administrator does not need to be a member of the governing body.

---

**900.040.002** A,B,C-M,C

The Administrator may be appointed as ASC's manager.

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**900.040.010** A,B,C-M,C

The Administrator is responsible for:  
Employing qualified personnel

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**900.040.011** A,B,C-M,C

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

---

## 900 GOVERNANCE

**900.040.012** A,B,C-M,C

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

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**900.040.013** A,B,C-M,C

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

---

### 900.50 Facility Use

**900.050.010** A,B,C-M,C

The governing body is responsible for the approval of the physicians who use the ASC and for granting clinical privileges for qualified physicians performing surgical procedures in accordance with approved policies and procedures of the ASC.

---

**900.050.020** 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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**900.050.030** 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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**900.050.040** A,B,C-M,C

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

---

**900 GOVERNANCE**

**900.050.050** A,B,C-M,C

ASC privileges are reviewed by the governing body at least annually and revised as appropriate.

---

**900.60 Patient's Bill of Rights**

**900.060.010** A,B,C-M,C

The governing body adheres to and promotes the AAAASF "Patient's Bill of Rights".

---

**900.99 Additional Medicare Standards**

**900.099.001** A,B,C-M,C

The ambulatory surgery center is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

---

**900.099.002** A,B,C-M,C

The ASC will not begin providing services as a supplier to Medicare beneficiaries until it has an agreement with CMS under Medicare to participate as an ASC.

---

**900.099.003** A,B,C-M,C CFR # 416.41.(a)

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

---

**900.099.004** A,B,C-M,C

The governing body of the ambulatory surgery center is responsible for the implementation of all necessary policies regarding drugs and biologicals.

---

## 900 GOVERNANCE

**900.099.005** 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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**900.099.006** A,B,C-M,C CFR # 416.40

The ambulatory surgery center is in compliance with all state laws and requirements.

---

**900.099.007** A,B,C-M,C CFR # 416.41

The governing body assumes full legal responsibility of the ambulatory surgery center.

---

**900.099.008** A,B,C-M,C CFR # 416.41

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.

---

**900.099.009** A,B,C-M,C CFR # 416.45

The medical staff of the ASC must be accountable to the governing body. (Found in the Code of the Federal Register, Part 416.45; Medical Staff).

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**1000 ANESTHESIA**

**1000.000.001** A,B,C-M,C CFR # 416.42.(b).(2)

All anesthetics are delivered by either a qualified physician, 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 the Code of Federal Regulations, part 416.42(b); Administration of Anesthesia).

---

**1000.000.003** A,B,C-M,C CFR # 416.42.(b).(1)

(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.

---

**1000.000.004** A,B,C-M,C

The staff is responsible to the ASC.

---

**1000.000.006** A,B,C-M,C CFR # 416.42.(c).(1)

(c ) Standard: State Exemption.  
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).

---

## **1000 ANESTHESIA**

### **1000.1 State Exemption**

**1000.001.008** CFR # 416.42.(c).(2)

(c ) Standard: State Exemption.

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.

---

### **1000.10 Pre-Anesthesia Care**

**1000.010.010** A,B,C-M,C CFR # 416.42.(a).(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. (Found in the Code of Federal Regulations; Part 416 - Ambulatory Surgical Services; 416.42 Anesthetic Risk and Evaluation; Section 416.42(a) (1).

---

**1000.010.011** A,B,C-M,C CFR # 416.42.(a)

A physician must verify that an anesthesia care plan has been appropriately developed and documented; and:

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**1000.010.012** A,B,C-M,C CFR # 416.42.(b)

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

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

---

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

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

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**1000 ANESTHESIA**

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

The anesthetic care plan is based on:  
Medical history.

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**1000.010.023** A,B,C-M,C

The anesthetic care plan is based on:  
Prior anesthetic experiences.

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**1000.010.024** A,B,C-M,C

The anesthetic care plan is based on:  
Drug therapies.

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**1000.010.025** A,B,C-M,C

The anesthetic care plan is based on:  
Medical examination and assessment of any physical conditions that might affect the decision about the preoperative risk management.

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**1000.010.026** A,B,C-M,C

The anesthetic care plan is based on:  
A review of the medical tests and consultations that might reflect on the anesthesia administration.

---

**1000.010.027** A,B,C-M,C

The anesthetic care plan is based on:  
A determination relative to the appropriate preoperative medications needed for the conduct of anesthesia.  
Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthetist as defined at § 410.69 of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

---

## 1000 ANESTHESIA

### 1000.010.028 A,B,C-M,C

The anesthetic care plan is based on:  
Providing appropriate preoperative instructions and other preparation as needed.

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## 1000.20 Anesthetic Monitoring

### 1000.020.001 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.

*Patient monitoring during anesthesia will consist of:*

Oxygenation

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### 1000.020.002 C

Oxygenation is assessed by O2 analyzer if an anesthesia machine is used during general anesthesia which also includes an alarm for low O2 concentration.

---

### 1000.020.003 B,C-M,C

Oxygenation is assessed by pulse oximetry.

---

### 1000.020.004 B,C-M,C

Adequate illumination is available to assess patient color.

---

**1000 ANESTHESIA**

**1000.020.005** B,C-M,C

Ventilation is noted by chest excursion.

---

**1000.020.006** C

Ventilation is noted by breathing bag reservoir.

---

**1000.020.007** C

Ventilation is noted by auscultation of breath sounds.

---

**1000.020.008** C

Ventilation is noted by monitoring of end tidal expired CO2 including volume, Capnography/Capnometry or mass spectroscopy.

---

**1000.020.009** C

Ventilation is noted by proper position of the endotracheal tube or laryngeal mask.

---

**1000.21 Circulation Monitoring**

**1000.021.001** C

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

---

**1000.021.002** B,C-M,C

Clinical signs are evaluated by continual observation during regional/sedation analgesic

---

**1000 ANESTHESIA**

**1000.22 Circulation**

**1000.022.001** 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** B,C-M,C

Arterial blood pressure every 5 minutes (minimum)

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**1000.022.003** B,C-M,C

Heart rate every 5 minutes (minimum)

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**1000.022.004** B,C-M,C

Pulse oximetry

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**1000.022.005** C-M,C

Heart auscultation

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**1000.022.006** C-M,C

Intra-arterial pressure

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**1000.022.007** C-M,C

Ultrasound peripheral pulse monitors pulse plethysmography or oximetry.

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**1000 ANESTHESIA**

**1000.23 Temperature Monitoring**

**1000.023.011 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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**1000.24 Post-Anesthetic Care**

**1000.024.001 B,C-M,C**

A post anesthetic care unit (PACU) or recovery room is available to recover all patients after anesthesia administration.

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**1000.024.002 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 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 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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**1000.25 Evaluation in the PACU will include:**

**1000.025.001 B,C-M,C**

Evaluation in the PACU will include:  
Documentation of time of arrival

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**1000 ANESTHESIA**

**1000.025.002 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 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 B,C-M,C**

Evaluation in the PACU will include:

Transference of any pertinent information concerning the pre-op condition or surgery/anesthesia course.

---

**1000.025.005 B,C-M,C**

A member of the anesthesia care team remains in the post anesthesia care area until the post anesthesia care nurse accepts responsibility for the case being transferred.

---

**1000.26 Continued evaluation in the PACU will consist of:**

**1000.026.001 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 B,C-M,C**

Continued evaluation in the PACU will consist of:

Pulse oximetry

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**1000 ANESTHESIA**

**1000.026.003** B,C-M,C

A written, accurate post anesthetic care report is maintained.

---

**1000.026.004** B,C-M,C

At least one staff member who is ACLS certified must be present in the facility until all patients recovering from anesthesia have met the criteria for discharge from the facility.

---

**1000.026.005** 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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**1000.27 Discharge for PACU**

**1000.027.001** 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** B,C-M,C

Approved and standardized discharge criteria are used.

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**1000.027.003** B,C-M,C CFR # 416.42.(a).(2)

Before discharge, a Physician or an anesthesiologist as defined at §416.42(a)(2) 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. (Found in the Code of Federal Regulations; Part 416 – Ambulatory Surgical Services; 416.42 Surgical Services; Standard 416.42: Anesthetic Risk and Evaluation;(a) (2).

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**1000 ANESTHESIA**

**1000.29 Equipment and Supplies**

**1000.029.001** 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** 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** A,B,C-M,C

Equipment and supplies for anesthesia should include:

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

---

**1000.029.004** A,B,C-M,C

There is an adequate and reliable source of suction.

---

**1000.029.005** C

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

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**1000.029.006** 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 ANESTHESIA**

**1000.029.007 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 A,B,C-M,C**

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

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**1000.029.009 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 A,B,C-M,C**

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

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**1000.029.011 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 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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**1000.029.013 A,B,C-M,C**

There is sufficient backup power to last at least 120 minutes.

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## **1000 ANESTHESIA**

### **1000.029.014 A,B,C-M,C**

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

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## **1000.30 Quality of Care**

### **1000.030.001 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 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 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 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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## **1000.31 Transfers/Emergencies**

### **1000.031.001 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 ANESTHESIA

### 1000.031.002 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.

The following Anesthesia Standards apply to all patients who receive anesthesia or sedation/analgesia. In extreme emergencies or life-threatening circumstances these Standards may be modified, and all such circumstances should be documented in the patient's record.

If relevant, there should be a written policy defining the unique peri-operative care of pediatric patients which may be appropriately provided in the facility, and which is based upon considerations of age, risk categories, proposed procedure, and facility equipment and capability.

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### 1000.99 Additional Medicare Standards

#### 1000.099.001 A,B,C-M,C CFR # 416.47.(b).(3)

A physical examination of the patient must be conducted by the physician immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.

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#### 1000.099.002 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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#### 1000.099.004 B,C-M,C

If anesthesia is provided by a CRNA, it must be under the supervision of the operating surgeon or anesthesiologist.

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#### 1000.099.011 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 which evaluates the patient's current status for surgery.

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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** \_\_\_\_\_

**Facility Name** \_\_\_\_\_

**Director (print)** \_\_\_\_\_

**Director (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

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<b>100.000.001</b>	___Compliant	___Deficient	___N/A
<b>100.000.002</b>	___Compliant	___Deficient	___N/A
<b>100.000.003</b>	___Compliant	___Deficient	___N/A
<b>100.000.004</b>	___Compliant	___Deficient	___N/A
<b>100.000.005</b>	___Compliant	___Deficient	___N/A
<b>100.000.006</b>	___Compliant	___Deficient	___N/A
<b>100.000.007</b>	___Compliant	___Deficient	___N/A
<b>100.000.016</b>	___Compliant	___Deficient	___N/A
<b>100.000.017</b>	___Compliant	___Deficient	___N/A

### **100.10     Appearance and Layout**

<b>100.010.010</b>	___Compliant	___Deficient	___N/A
<b>100.010.011</b>	___Compliant	___Deficient	___N/A
<b>100.010.020</b>	___Compliant	___Deficient	___N/A
<b>100.010.021</b>	___Compliant	___Deficient	___N/A
<b>100.010.022</b>	___Compliant	___Deficient	___N/A
<b>100.010.023</b>	___Compliant	___Deficient	___N/A
<b>100.010.030</b>	___Compliant	___Deficient	___N/A
<b>100.010.031</b>	___Compliant	___Deficient	___N/A
<b>100.010.032</b>	___Compliant	___Deficient	___N/A
<b>100.010.033</b>	___Compliant	___Deficient	___N/A
<b>100.010.034</b>	___Compliant	___Deficient	___N/A
<b>100.010.035</b>	___Compliant	___Deficient	___N/A
<b>100.010.040</b>	___Compliant	___Deficient	___N/A
<b>100.010.041</b>	___Compliant	___Deficient	___N/A
<b>100.010.042</b>	___Compliant	___Deficient	___N/A
<b>100.010.043</b>	___Compliant	___Deficient	___N/A
<b>100.010.050</b>	___Compliant	___Deficient	___N/A
<b>100.010.051</b>	___Compliant	___Deficient	___N/A
<b>100.010.052</b>	___Compliant	___Deficient	___N/A
<b>100.010.053</b>	___Compliant	___Deficient	___N/A
<b>100.010.054</b>	___Compliant	___Deficient	___N/A
<b>100.010.055</b>	___Compliant	___Deficient	___N/A
<b>100.010.060</b>	___Compliant	___Deficient	___N/A
<b>100.010.061</b>	___Compliant	___Deficient	___N/A
<b>100.010.062</b>	___Compliant	___Deficient	___N/A

<b>100.010.063</b>	___Compliant	___Deficient	___N/A
<b>100.010.070</b>	___Compliant	___Deficient	___N/A
<b>100.010.080</b>	___Compliant	___Deficient	___N/A
<b>100.010.090</b>	___Compliant	___Deficient	___N/A
<b>100.010.100</b>	___Compliant	___Deficient	___N/A
<b>100.010.110</b>	___Compliant	___Deficient	___N/A

### **100.99     Additional Medicare Standards**

<b>100.099.001</b>	___Compliant	___Deficient	___N/A
<b>100.099.002</b>	___Compliant	___Deficient	___N/A
<b>100.099.003</b>	___Compliant	___Deficient	___N/A
<b>100.099.007</b>	___Compliant	___Deficient	___N/A

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### **200.10     Operating Suite**

<b>200.010.010</b>	___Compliant	___Deficient	___N/A
<b>200.010.020</b>	___Compliant	___Deficient	___N/A
<b>200.010.050</b>	___Compliant	___Deficient	___N/A
<b>200.010.061</b>	___Compliant	___Deficient	___N/A
<b>200.010.062</b>	___Compliant	___Deficient	___N/A
<b>200.010.063</b>	___Compliant	___Deficient	___N/A
<b>200.010.070</b>	___Compliant	___Deficient	___N/A
<b>200.010.071</b>	___Compliant	___Deficient	___N/A
<b>200.010.072</b>	___Compliant	___Deficient	___N/A
<b>200.010.080</b>	___Compliant	___Deficient	___N/A

### **200.20     Sterilization**

<b>200.020.010</b>	___Compliant	___Deficient	___N/A
<b>200.020.011</b>	___Compliant	___Deficient	___N/A
<b>200.020.012</b>	___Compliant	___Deficient	___N/A
<b>200.020.020</b>	___Compliant	___Deficient	___N/A
<b>200.020.030</b>	___Compliant	___Deficient	___N/A
<b>200.020.040</b>	___Compliant	___Deficient	___N/A
<b>200.020.050</b>	___Compliant	___Deficient	___N/A
<b>200.020.060</b>	___Compliant	___Deficient	___N/A
<b>200.020.070</b>	___Compliant	___Deficient	___N/A
<b>200.020.071</b>	___Compliant	___Deficient	___N/A
<b>200.020.080</b>	___Compliant	___Deficient	___N/A
<b>200.020.081</b>	___Compliant	___Deficient	___N/A
<b>200.020.090</b>	___Compliant	___Deficient	___N/A
<b>200.020.091</b>	___Compliant	___Deficient	___N/A
<b>200.020.092</b>	___Compliant	___Deficient	___N/A
<b>200.020.093</b>	___Compliant	___Deficient	___N/A

### **200.30     Asepsis**

<b>200.030.010</b>	___Compliant	___Deficient	___N/A
<b>200.030.020</b>	___Compliant	___Deficient	___N/A
<b>200.030.030</b>	___Compliant	___Deficient	___N/A
<b>200.030.040</b>	___Compliant	___Deficient	___N/A
<b>200.030.050</b>	___Compliant	___Deficient	___N/A
<b>200.030.060</b>	___Compliant	___Deficient	___N/A

<b>200.030.061</b>	___Compliant	___Deficient	___N/A
<b>200.030.062</b>	___Compliant	___Deficient	___N/A
<b>200.030.070</b>	___Compliant	___Deficient	___N/A
<b>200.030.079</b>	___Compliant	___Deficient	___N/A
<b>200.030.080</b>	___Compliant	___Deficient	___N/A
<b>200.030.081</b>	___Compliant	___Deficient	___N/A
<b>200.030.090</b>	___Compliant	___Deficient	___N/A
<b>200.030.100</b>	___Compliant	___Deficient	___N/A

### **200.40     Maintenance and Cleaning**

<b>200.040.010</b>	___Compliant	___Deficient	___N/A
<b>200.040.020</b>	___Compliant	___Deficient	___N/A
<b>200.040.030</b>	___Compliant	___Deficient	___N/A
<b>200.040.040</b>	___Compliant	___Deficient	___N/A
<b>200.040.050</b>	___Compliant	___Deficient	___N/A

### **200.50     Surfaces**

<b>200.050.010</b>	___Compliant	___Deficient	___N/A
<b>200.050.020</b>	___Compliant	___Deficient	___N/A
<b>200.050.030</b>	___Compliant	___Deficient	___N/A
<b>200.050.040</b>	___Compliant	___Deficient	___N/A
<b>200.050.041</b>	___Compliant	___Deficient	___N/A

### **200.55     Infection Control**

<b>200.055.020</b>	___Compliant	___Deficient	___N/A
<b>200.055.021</b>	___Compliant	___Deficient	___N/A
<b>200.055.023</b>	___Compliant	___Deficient	___N/A

### **200.60     Equipment**

<b>200.060.010</b>	___Compliant	___Deficient	___N/A
<b>200.060.020</b>	___Compliant	___Deficient	___N/A
<b>200.060.030</b>	___Compliant	___Deficient	___N/A
<b>200.060.050</b>	___Compliant	___Deficient	___N/A
<b>200.060.060</b>	___Compliant	___Deficient	___N/A
<b>200.060.070</b>	___Compliant	___Deficient	___N/A
<b>200.060.080</b>	___Compliant	___Deficient	___N/A

### **200.61     Equipment List**

<b>200.061.010</b>	___Compliant	___Deficient	___N/A
<b>200.061.011</b>	___Compliant	___Deficient	___N/A



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<b>200.061.012</b>	___Compliant	___Deficient	___N/A	<b>200.099.010</b>	___Compliant	___Deficient	___N/A
<b>200.061.013</b>	___Compliant	___Deficient	___N/A	<b>200.099.011</b>	___Compliant	___Deficient	___N/A
<b>200.061.014</b>	___Compliant	___Deficient	___N/A	<b>200.099.012</b>	___Compliant	___Deficient	___N/A
<b>200.061.015</b>	___Compliant	___Deficient	___N/A	<b>200.099.013</b>	___Compliant	___Deficient	___N/A
<b>200.061.016</b>	___Compliant	___Deficient	___N/A	<b>200.099.014</b>	___Compliant	___Deficient	___N/A
<b>200.061.017</b>	___Compliant	___Deficient	___N/A				
<b>200.061.018</b>	___Compliant	___Deficient	___N/A				
<b>200.061.019</b>	___Compliant	___Deficient	___N/A				
<b>200.061.020</b>	___Compliant	___Deficient	___N/A				
<b>200.061.021</b>	___Compliant	___Deficient	___N/A				
<b>200.061.022</b>	___Compliant	___Deficient	___N/A				
<b>200.061.023</b>	___Compliant	___Deficient	___N/A				
<b>200.061.024</b>	___Compliant	___Deficient	___N/A				
<b>200.061.025</b>	___Compliant	___Deficient	___N/A				
<b>200.061.026</b>	___Compliant	___Deficient	___N/A				
<b>200.061.028</b>	___Compliant	___Deficient	___N/A				

### **200.70     Emergency Power**

<b>200.070.010</b>	___Compliant	___Deficient	___N/A
<b>200.070.020</b>	___Compliant	___Deficient	___N/A
<b>200.070.030</b>	___Compliant	___Deficient	___N/A

### **200.80     Medical Hazardous Waste**

<b>200.080.011</b>	___Compliant	___Deficient	___N/A
<b>200.080.020</b>	___Compliant	___Deficient	___N/A
<b>200.080.030</b>	___Compliant	___Deficient	___N/A

### **200.99     Additional Medicare Standards**

<b>200.099.001</b>	___Compliant	___Deficient	___N/A
<b>200.099.002</b>	___Compliant	___Deficient	___N/A
<b>200.099.003</b>	___Compliant	___Deficient	___N/A
<b>200.099.004</b>	___Compliant	___Deficient	___N/A
<b>200.099.004</b>	___Compliant	___Deficient	___N/A
<b>200.099.005</b>	___Compliant	___Deficient	___N/A
<b>200.099.006</b>	___Compliant	___Deficient	___N/A
<b>200.099.007</b>	___Compliant	___Deficient	___N/A
<b>200.099.008</b>	___Compliant	___Deficient	___N/A
<b>200.099.009</b>	___Compliant	___Deficient	___N/A

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<b>300.10</b>	<b><u>Recovery Room(s)</u></b>				<b>400.000.004</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.10</b>	<b><u>General</u></b>		
<b>300.010.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.010.060</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.20</b>	<b><u>Discharge</u></b>				<b>400.010.050</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.051</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.010.052</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.20</b>	<b><u>Emergency Protocols</u></b>		
<b>300.020.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.040</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.011</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.041</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.020.042</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.30</b>	<b><u>Extended Stays</u></b>				<b>400.020.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.015</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.030.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.016</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.99</b>	<b><u>Additional Medicare Standards</u></b>				<b>400.020.017</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.001</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.018</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.002</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.019</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.003</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.004</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.009</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.012</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.024</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.013</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.020.025</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.014</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.21</b>	<b><u>Transfer Agreement</u></b>		
<b>300.099.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.021.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.021</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.30</b>	<b><u>Hazardous Agents</u></b>		
<b>300.099.022</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.030.010</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
<b>300.099.023</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A		<b>400.030.020</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A
					<b>400.030.030</b>	<input type="checkbox"/> Compliant	<input type="checkbox"/> Deficient	<input type="checkbox"/> N/A

# AAAASF Medicare Version 5.0

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### **500.10     Blood & Substitutes**

500.010.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.010.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **500.20     Medications**

500.020.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.020.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.020.030     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.020.040     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.020.050     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.020.051     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **500.21     ACLS Algorithm**

500.021.011     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.012     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.013     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.014     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.015     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.016     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.017     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.018     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.019     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.021     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.022     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.023     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.024     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.025     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.021.026     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **500.99     Additional Medicare Standards**

500.099.002     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.003     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.004     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.005     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.008     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.009     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.011     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.012     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.018     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.021     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.022     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.023     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

500.099.024     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

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## 600.10 General

600.010.001	___Compliant	___Deficient	___N/A
600.010.002	___Compliant	___Deficient	___N/A
600.010.010	___Compliant	___Deficient	___N/A
600.010.020	___Compliant	___Deficient	___N/A
600.010.021	___Compliant	___Deficient	___N/A
600.010.030	___Compliant	___Deficient	___N/A
600.010.031	___Compliant	___Deficient	___N/A

## 600.11 Medical Record Responses and Questions

600.011.010	___Compliant	___Deficient	___N/A
600.011.011	___Compliant	___Deficient	___N/A
600.011.012	___Compliant	___Deficient	___N/A
600.011.013	___Compliant	___Deficient	___N/A
600.011.014	___Compliant	___Deficient	___N/A
600.011.015	___Compliant	___Deficient	___N/A

## 600.12 Miscellaneous

600.012.010	___Compliant	___Deficient	___N/A
600.012.020	___Compliant	___Deficient	___N/A

## 600.20 Informed Consent Forms

600.020.010	___Compliant	___Deficient	___N/A
600.020.011	___Compliant	___Deficient	___N/A
600.020.020	___Compliant	___Deficient	___N/A
600.020.024	___Compliant	___Deficient	___N/A
600.020.025	___Compliant	___Deficient	___N/A
600.020.026	___Compliant	___Deficient	___N/A
600.020.027	___Compliant	___Deficient	___N/A

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

600.030.010	___Compliant	___Deficient	___N/A
600.030.020	___Compliant	___Deficient	___N/A
600.030.030	___Compliant	___Deficient	___N/A
600.030.040	___Compliant	___Deficient	___N/A
600.030.050	___Compliant	___Deficient	___N/A
600.030.051	___Compliant	___Deficient	___N/A

## 600.40 O.R. Records

600.040.001	___Compliant	___Deficient	___N/A
600.040.002	___Compliant	___Deficient	___N/A
600.040.003	___Compliant	___Deficient	___N/A
600.040.004	___Compliant	___Deficient	___N/A
600.040.005	___Compliant	___Deficient	___N/A
600.040.006	___Compliant	___Deficient	___N/A
600.040.007	___Compliant	___Deficient	___N/A
600.040.008	___Compliant	___Deficient	___N/A
600.040.009	___Compliant	___Deficient	___N/A
600.040.010	___Compliant	___Deficient	___N/A
600.040.011	___Compliant	___Deficient	___N/A
600.040.012	___Compliant	___Deficient	___N/A
600.040.013	___Compliant	___Deficient	___N/A
600.040.020	___Compliant	___Deficient	___N/A
600.040.030	___Compliant	___Deficient	___N/A
600.040.040	___Compliant	___Deficient	___N/A

## 600.99 Additional Medicare Standards

600.099.001	___Compliant	___Deficient	___N/A
600.099.002	___Compliant	___Deficient	___N/A
600.099.003	___Compliant	___Deficient	___N/A
600.099.004	___Compliant	___Deficient	___N/A
600.099.005	___Compliant	___Deficient	___N/A
600.099.006	___Compliant	___Deficient	___N/A
600.099.007	___Compliant	___Deficient	___N/A
600.099.009	___Compliant	___Deficient	___N/A
600.099.010	___Compliant	___Deficient	___N/A
600.099.011	___Compliant	___Deficient	___N/A
600.099.014	___Compliant	___Deficient	___N/A
600.099.018	___Compliant	___Deficient	___N/A
600.099.019	___Compliant	___Deficient	___N/A
600.099.020	___Compliant	___Deficient	___N/A
600.099.021	___Compliant	___Deficient	___N/A
600.099.022	___Compliant	___Deficient	___N/A
600.099.023	___Compliant	___Deficient	___N/A

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<b>600.099.024</b>	___Compliant	___Deficient	___N/A
<b>600.099.025</b>	___Compliant	___Deficient	___N/A
<b>600.099.026</b>	___Compliant	___Deficient	___N/A
<b>600.099.027</b>	___Compliant	___Deficient	___N/A
<b>600.099.028</b>	___Compliant	___Deficient	___N/A
<b>600.099.029</b>	___Compliant	___Deficient	___N/A
<b>600.099.030</b>	___Compliant	___Deficient	___N/A

### **700.10     Quality Improvement**

<b>700.010.010</b>	___Compliant	___Deficient	___N/A
<b>700.010.011</b>	___Compliant	___Deficient	___N/A
<b>700.010.012</b>	___Compliant	___Deficient	___N/A
<b>700.010.013</b>	___Compliant	___Deficient	___N/A
<b>700.010.014</b>	___Compliant	___Deficient	___N/A
<b>700.010.015</b>	___Compliant	___Deficient	___N/A
<b>700.010.040</b>	___Compliant	___Deficient	___N/A
<b>700.010.041</b>	___Compliant	___Deficient	___N/A
<b>700.010.046</b>	___Compliant	___Deficient	___N/A
<b>700.010.047</b>	___Compliant	___Deficient	___N/A
<b>700.010.048</b>	___Compliant	___Deficient	___N/A
<b>700.010.049</b>	___Compliant	___Deficient	___N/A
<b>700.010.050</b>	___Compliant	___Deficient	___N/A
<b>700.010.052</b>	___Compliant	___Deficient	___N/A
<b>700.010.053</b>	___Compliant	___Deficient	___N/A
<b>700.010.055</b>	___Compliant	___Deficient	___N/A
<b>700.010.057</b>	___Compliant	___Deficient	___N/A
<b>700.010.058</b>	___Compliant	___Deficient	___N/A
<b>700.010.061</b>	___Compliant	___Deficient	___N/A
<b>700.010.062</b>	___Compliant	___Deficient	___N/A
<b>700.010.063</b>	___Compliant	___Deficient	___N/A
<b>700.010.064</b>	___Compliant	___Deficient	___N/A
<b>700.010.065</b>	___Compliant	___Deficient	___N/A

### **700.20     Peer Review**

<b>700.020.010</b>	___Compliant	___Deficient	___N/A
<b>700.020.020</b>	___Compliant	___Deficient	___N/A
<b>700.020.030</b>	___Compliant	___Deficient	___N/A

### **700.30     Random Case Review**

<b>700.030.010</b>	___Compliant	___Deficient	___N/A
<b>700.030.021</b>	___Compliant	___Deficient	___N/A
<b>700.030.022</b>	___Compliant	___Deficient	___N/A
<b>700.030.023</b>	___Compliant	___Deficient	___N/A
<b>700.030.024</b>	___Compliant	___Deficient	___N/A
<b>700.030.025</b>	___Compliant	___Deficient	___N/A

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**700.030.026**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.030.027**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **700.40    Unanticipated Operative Sequelae**

**700.040.011**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.012**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.013**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.014**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.015**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.016**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.017**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.018**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.021**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.022**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.023**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.024**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.040.025**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

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

**700.050.010**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.020**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.050**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.051**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.052**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.055**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.050.060**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **700.60    Competency, Grievances**

**700.060.015**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.016**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.025**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.027**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.028**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.029**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.030**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.041**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.042**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.043**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.044**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.045**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.046**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.047**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.051**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.052**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

**700.060.053**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **700.99    Additional Medicare Standards**

**700.099.001**    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

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800.000.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.000.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.000.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.000.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.10    Staff Physicians or Podiatrists**

800.010.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.010.020    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.010.040    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.010.050    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.20    Anesthesiologist/CRNA**

800.020.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.013    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.014    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.015    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.016    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.020.017    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.30    O.R. Personnel**

800.030.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.030.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.030.020    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.030.021    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.40    Personnel Records**

800.040.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.040.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.040.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.41    Records and Experience**

800.041.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.041.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.041.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.041.013    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.041.014    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.041.015    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.42    Hazard Training**

800.042.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.042.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.042.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.042.013    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.042.014    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.50    Knowledge, Skill & CME Training**

800.050.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.050.020    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.050.030    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.60    Personnel Safety**

800.060.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.060.020    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.060.030    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **800.99    Additional Medicare Standards**

800.099.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.006    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.007    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.008    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.009    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.013    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

800.099.031    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A



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### **900.10     Governing Body**

900.010.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.011     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.012     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.030     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.040     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.050     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.060     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.010.070     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **900.21     Mission and Structure**

900.021.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.011     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.012     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.013     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.014     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.015     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.016     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.017     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.021.018     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **900.30     Personnel**

900.030.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.030.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **900.40     Administrator**

900.040.001     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.040.002     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.040.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.040.011     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.040.012     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.040.013     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **900.50     Facility Use**

900.050.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.050.020     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.050.030     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.050.040     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.050.050     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

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

900.060.010     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

### **900.99     Additional Medicare Standards**

900.099.001     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.002     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.003     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.004     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.005     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.006     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.007     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.008     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

900.099.009     \_\_\_Compliant     \_\_\_Deficient     \_\_\_N/A

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1000.000.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.000.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.000.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.000.006    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.1    State Exemption

1000.001.008    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.10    Pre-Anesthesia Care

1000.010.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.021    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.022    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.023    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.024    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.025    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.026    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.027    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.010.028    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.20    Anesthetic Monitoring

1000.020.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.006    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.007    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.008    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.020.009    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.21    Circulation Monitoring

1000.021.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.021.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.22    Circulation

1000.022.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.006    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.022.007    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.23    Temperature Monitoring

1000.023.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.24    Post-Anesthetic Care

1000.024.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.024.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.024.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.024.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.25    Evaluation in the PACU will include:

1000.025.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.025.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.025.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.025.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.025.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.26    Continued evaluation in the PACU will consist of:

1000.026.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.026.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.026.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.026.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.026.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.27    Discharge for PACU

1000.027.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.027.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.027.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### 1000.29    Equipment and Supplies

1000.029.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.005    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.006    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

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1000.029.007    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.008    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.009    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.010    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.012    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.013    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.029.014    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **1000.30    Quality of Care**

1000.030.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.030.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.030.003    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.030.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **1000.31    Transfers/Emergencies**

1000.031.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.031.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

### **1000.99    Additional Medicare Standards**

1000.099.001    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.099.002    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.099.004    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A

1000.099.011    \_\_\_Compliant    \_\_\_Deficient    \_\_\_N/A



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