

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>10000000X</u>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2018
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NAME OF FACILITY Stone Valley Surgical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street, Anywhere, USA 66000
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 0241	<p>416.51(a) Sanitary Environment</p> <p>The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.</p> <p>Based on policy review, document review and staff interview it was determined the facility failed to provide a functional and sanitary environment through adherence to acceptable standards of practice by adhering to acceptable standards of practice for immediate use steam sterilization (IUSS) of surgical instruments.</p> <p>Findings included:</p> <p>The review of the facility policy entitled Sterilization Methods, no policy number, dated 12/01/12, revealed Immediate Use Steam Sterilization (IUSS/Rapid Sterilization) is appropriate only in emergency situations such as an immediate need for an individual item (e.g. dropped instrument) and there is no alternative. This policy also noted it was based on CDC and AORN guidelines.</p> <p>On 07/25/18 at approximately 11:00 AM, while on tour of the Sterile Processing Department (SPD), an interview conducted with the Certified Surgical Technologist (ST) revealed the facility performed IUSS on a routine basis, especially on the days when eye surgeries are performed. The ST indicated the facility performs about 18 eye procedures on those days. The ST stated the facility only has 6 surgical eye instrument trays, resulting in 12 surgical eye trays having to be sterilized with IUSS. Further interview revealed that when the IUSS eye instruments are brought into the operating room (OR) from the steam sterilizer, they have to be emptied into a basin of water to ensure they are not still hot before being used on a patient.</p>	Q0241	<p>The ASC Administrator, Medical Director and infection control RN reviewed logs and documentation related to sterilization of surgical equipment and conducted observations of equipment-sterilization activities to confirm extent of improper IUSS sterilization practices.</p> <p>The ASC Administrator and Infection Control RN, with the assistance of the Sterilization Equipment Rep, developed and delivered an in-service workshop on IUSS equipment sterilization, including draft checklist on sterilization procedures for all ASC staff based on CDC guidelines and manufactures instructions.</p> <p>The ASC Administrator and Infection Control RN updated the ASC's Equipment Sterilization Checklist based on feedback from workshop participants. The checklist was then approved by the ASC Governing Board.</p> <p>The ASC senior medical staff will perform weekly monitoring to assure equipment sterilization compliance by all staff. Noncompliance will be reported to the ASC Administrator to complete appropriate corrective actions. Monitoring will continue for 3 months to assure full implementation. Results will be discussed with the Governing Board. The Medical Director worked with the surgeons to identify how many more instrument sets were necessary in order to stop using IUSS routinely. 3 new sets were purchased after analyzing the logs and surgical schedule.</p>	08/15/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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PLAN OF CORRECTION RESPONSES

TAG #	ACTION	TITLE OF RESPONSIBLE PERSON FOR THE PLAN OF CORRECTION IMPLEMENTATION	COMPLETION DATE
<p>Q0241 Page 11</p>	<p>The ASC Administrator and senior medical staff reviewed logs and documentation related to sterilization of surgical equipment and conducted observations of equipment-sterilization activities to confirm extent of improper sterilization practices.</p>	<p>ASC Administrator, senior medical staff</p>	<p>7/30/2018</p>
	<p>The ASC Administrator and senior medical staff developed and delivered in-service workshop on equipment sterilization, including draft checklist on sterilization procedures for all ASC staff.</p>	<p>ASC Administrator, senior medical staff</p>	<p>8/17/2018</p>
	<p>The ASC Administrator and senior medical staff updated the ASC’s Equipment Sterilization Checklist based on feedback from workshop participants.</p>	<p>ASC Administrator, senior medical staff</p>	<p>8/20/2018</p>
	<p>The ASC senior medical staff will perform weekly monitoring to assure equipment sterilization compliance by all staff. Noncompliance will be reported to the ASC Administrator to complete appropriate corrective actions. Monitoring will continue for 3 months to assure full implementation. Results will be discussed with the governing board. The Medical Director worked with the surgeons to identify how many more instrument sets were necessary in order to stop using IUSS routinely. 3 new sets were purchased after analyzing the logs and surgical schedule.</p>	<p>ASC Administrator, senior medical staff</p>	<p>Ongoing</p>