

What's the problem? The Reasons ASCs in MO are getting cited.

MO BAC's Most Cited ASC Tags (& specific issues/examples) 10/01/16—08/31/17

Total of 215 federal deficiencies @ 23 surveys (avg ~9.3 defs/surv), these 10 accounted for 127 (59%) of all tags cited.

(NOTE: Each "Tag #" may describe multiple "Problems," detailed below. Doesn't include revisit, complaint or state-only surveys.)

Tag Heading	Tag#	Example problems noted under the tag:	Times Cited FFY 2017
#1 Sanitary Environment	Q241	Cited 23 times in FFY17@ 23 surveys (100%)	
		- Worn, rusted, un-cleanable cloth, or deteriorating equipment and/or devices not replaced with functional easily cleanable surfaces (rust, paint chipped, tape, adhesive residue, non-intact surfaces)	19
		- Laryngoscope blades/handles not high-level disinfected/sterilized, packaged and stored to prevent contamination	16
		- Dirty/dusty surfaces	15
		- Sterile, single-use items not maintained to prevent contamination (suction devices, endotracheal tubes, stylet, breathing circuitry)	10
		- Clean/sterile items not maintained/stored to prevent contamination	9
		- Hand hygiene (HH)	8
		- Expired supplies available for use	8
		- Manufacturer's instructions not followed for cleaning /maintaining sterilizers	7
		- Scopes not stored in a manner to prevent contamination	7
		- Gloves not removed before going to next/cleaner task	6
		- Multi-dose vials (MDV) not restricted to a central med area separate from the patient treatment area	5
		- Bottom storage shelf with no barrier	5
		- Aseptic technique not used with medication prep/administration	5
		- Pass-through window open during instrument cleaning	4
		- Glucometer not cleaned/disinfected in-between patient use	4
		- Room set up before cleaning completed or patient moved from room	4
		- Manufacturer's instructions not followed for rigid containers and/or packaging	3
		- IUSS performed, no log maintained, no immediate transfer	3
		- Walls and doors gouged and marred, un-cleanable	3
		- Manufacturer's instructions not followed for cleaning/disinfecting instruments	3
		- Single-dose vials (SDV) medications used for multiple patients	3
		- Linen/trash not removed from room between patients	3
		- Decontamination room/sterile processing room doors not closed	3
		- Sharps container overfilled/needles not disposed to prevent contamination	2
		- Single-use device re-used	2
		- MDV not dated	2
		- No chemical indicator used	2
#2 Safety from Fire	Q104	Cited 20 times in FFY17 @ 23 surveys (87%) Referenced Life Safety Code tags:	
		-- K211-Egress not free of obstruction	10
		-- K901-Building risk assessment not completed	5
		-- K353-No five-year internal sprinkler system obstruction report, sprinkler system not inspected/repared, heads not cleaned, clearance not maintained	5
		-- K933-No fire risk assessment	4
		-- K712-No quarterly fire drills to include all staff; time/participants/response	3
		-- K131-One-hour fire-resistance rating not maintained	3
		-- K918-No weekly inspection of emergency generator/monthly load test	3
		-- K345-No smoke detector sensitivity test, report incomplete, detector blocked, pull stations blocked, no smoke detector where alarm control panel located	3
		-- K223-Door in firewall unable to auto-close (included old K21)	2
		-- K903-Med gas system inspection probs not addressed	2
		-- K293-Lack of exit signs	2

		-- K321-Fire protection not maintained for hazardous room	2
		-- K916-No remote annunciator panel for generator, readily observable	2
		-- K163-Fire rating not maintained for load-bearing walls	2
		-- K915-No assigned risk category for emergency electrical systems	2
		-- K346-No policy addressed when fire alarm door down >4 hours/24 hours	2
		-- K354-No policy addressed when sprinkler system down >4 hours/24 hours	2
#3 Administration of Drugs	Q181	Cited 18 times in FFY17 @ 23 surveys (78%)	
		- Medication range orders/order not complete with all elements	12
		- No order for medication given	6
		- MDV not labeled correctly, expired MDV, expired meds	6
		- Pre-drawn syringes not labeled correctly/prep syringe in advance for later use	5
		- Manufacturer's instructions not followed for storing medications	4
		- No annual inventory of controlled substances	2
		- No Power of Attorney for individual(s) ordering controlled substances	2
		- Compounding medications/lack of documentation on label	2
		- No documentation of medication given/documentation incomplete	2
#4 Environment – Condition	Q100	Cited 13 times in FFY17 @ 23 surveys (57%)	
		- Fire risk assessment/documentation not completed	11
		- Incomplete malignant hyperthermia (MH) meds/supplies/policy	9
		- Lack of code blue training/drills	2
		- Lack of MH training/drills	2
#5 Infection Control Program	Q242	Cited 12 times in FFY17 @ 23 surveys (52%)	
		- Hair not covered	8
		- Cover jacket not worn/not snapped closed/sleeves pushed up/none available	7
		- Improper mask use (dangling around neck, re-used, gaping)	5
		- Stethoscopes worn around neck/not disinfected	4
		- Personal clothing showing under scrubs (t-shirt, turtleneck)	3
		- Proper PPE not worn other than in the OR (cleaning instruments/scopes)	3
		- Jewelry worn in the OR	2
		- No IC training for staff	2
		- No IC training for those credentialed	2
#6 Surgical Services	Q64	Cited 12 times in FFY17 @ 23 surveys (52%)	
		- No observed fire risk assessment	11
		- No documented fire risk assessment	9
		- Comprehensive time-out not observed	2
#7 Notice of Rights	Q221	Cited 8 times in FFY17 @ 23 surveys (35%)	
		- Patient or patient's representative did not receive verbal <u>and</u> written notice of rights prior to the procedure either by observation or documentation	5
		- Patient rights info did not include state agency contact info	5
		- Patient rights info did not include website for Medicare Ombudsman	3
#8 Anesthetic Risk and Eval	Q061	Cited 7 times in FFY17 @ 23 surveys (30%)	
		- No physician exam immediately prior to surg to evaluate anest/procedural risk	7
#9 Emergency Equipment	Q105	Cited 7 times in FFY17 @ 23 surveys (30%)	
		- Incomplete malignant hyperthermia (MH) meds/supplies	7
		- MH policy did not follow recommendations	4
#10 Laboratory Services	Q201	Cited 7 times in FFY17 @ 23 surveys (30%)	
		- Glucometer test strips not dated when opened	4
		- Glucometer control solutions not dated when opened	4
		- Glucometer not approved for multi-patient use	2
		- Old glucometer available for use	2
		- Manufacturer's recommendations not followed for glucometer use	2
		- Expired lab collection tubes	2