Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001062	04/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Sacramento Eye Surgicenter	3150 J Street, Sacramento, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
Q0000	The following reflects the findings of the California Department of Public Health during a recertification survey conducted 4/17/18 through 4/19/18. Representing the Department of Public Health: HFEN, 32481 HFEN, 36586 Medical Consultant, 20340 Sample size was 6.

Q0101	PHYSICIAL ENVIRONMENT CFR(s): 416.44(a)(1) The ASC must provide a functional and sanitary environment for the provision of surgical services. 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. This STANDARD is not met as evidenced by: Based on interview and the Ambulatory Surgical Center document review (ASC), the facility failed to provide a functional and sanitary environment for the provision of surgical services when temperatures in the operating room (OR), central supply and the pre and post anesthesia care unit (PACU) refrigerator were not maintained within acceptable standards to inhibit microbial growth, reduce risk of infection, control odor and promote patient comfort. These failures had the potential to compromise surgery conducted in a manner that protects lives and assures the physical safety of all individuals in the area. Findings: On 4/17/18 at 10:45 a.m., on tour of the PACU, during record review of the temperature and humidity logs, for January 2018, the temperatures for the medication refrigerator were out of range as follows (range should have been 36°F- 46° F): 2nd January - 37°F 9th January - 50°F (low)-52°F (high) 11th January - 46°F (low) - 54°F (high) 15th January - 46°F (low) - 48°F (high) 18th January - 43°F (low) - 50°F (high)

23rd January - 40°F (low) - 48°F (high)

24th January - 39°F (low) - 48°F (high).

Temperatures for March 2018 for the same refrigerator were:

15th March - 50°F (high)

19th March - 48°F (low) - 48°F (high)

22nd March - 46°F (low) - 48°F (high)

27th March - 45°F (low) - 48°F (high)

28th March - 45°F (low) - 50°F (high)

29th March - 43°F (low) - 48°F (high)

The OR temperature and humidity log for March and April, 2018 (acceptable range for humidity 30% to 60% and temperature range was 68°F - 72°F) showed out of range temperature or humidity as follows:

1st March, humidity 29%,

6th March, humidity 27%,

27th March, humidity 28%,

29th March, Temperature was 73.2°F,

3rd April - 74°F

5th April - 74°F, and humidity 29%,

10th April - 73.8°F

16th April - 72.7°F and humidity 29%

17th April -70.7°F.

March and April, 2018, temperature and humidity log in the central/sterile area were out of range as follows (acceptable range for humidity 30% to 60% and temperature range was 68°F - 72°F):

	27th March, humidity was 22% 28th March - 73°F 29th March - 73°F 3rd April - 75°F, and humidity 25% 5th April -73°F, and humidity 25% 10th April - 77°F, 16th April, humidity at 28% 17th April, humidity at 26% During an interview with Licensed Nurse 1, on 4/17/18 at 10:50 a.m., when asked what was the expected action for out of range temperature or humidity, Licensed Nurse 1 responded "An action to correct the Temperatures should have been performed and the temperatures rechecked in an hour." A review of the ASC undated policy titled, ENVIRONMENTAL STANDARDS, stipulated, "...Temperatures and Humidity will be maintained at the recommended levels..."
Q0140	NURSING SERVICES CFR(s): 416.46 The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met. This CONDITION is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure nursing services were provided in a safe and competent manner to met the needs of the Ambulatory Surgery Center patients as evidenced by:

	1. No current Nursing Leadership position by a Registered Nurse, with the appropriate qualifications, was available to direct the nursing staff and ensure safe patient care, and (Q141) 2. There was no evidence of staff competencies being met or the criteria necesssary to be determined as competent in a specific skill (Q141). These failures placed patients at risk for inconsistent and substandard care. The cumulative effect of these systemic failures resulted in the inability of the Ambulatory Surgery Center to comply with the Condition of Participation: Nursing Services.
Q0141	ORGANIZATION AND STAFFING CFR(s): 416.46(a) Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure nursing services were provided in a safe and competent manner to met the needs of the Ambulatory Surgery Center patients as evidenced by:

1. No current Nursing Leadership position by a Registered Nurse, with the appropriate qualifications, was available to direct the nursing staff and ensure safe patient care, and

2. There was no evidence of staff competencies being met or the criteria necessary to be determined as competent in a specific skill.

These failures placed patients at risk for inconsistent and substandard care.

Findings:

1. During an interview with the Administrator (ADM) on 4/17/18 at 9:30 a.m., the ADM stated the prior Clinical Director left the facility in December of 2017. The ADM further stated the ASC was planning to hire two additional RNs. The ADM added the current Infection Control Preventionist was a contracted employee and was the Interim Clinical Director.

During a telephone interview with the Registered Nurse Consultant (RNC) on 4/18/18 at 4:00 p.m., the RNC indicated she had been contracted for 8 hours per quarter for infection control consultations. She further indicated she had completed an observation on April 12, 2018 at the ASC.

Review of the ASC document titled [Facility ASC] Job Description, dated 2009, indicated the Infection Control Coordinator would have "training in infection control and keeps a finger on the pulse of the infection control situation in the facility by monitoring efficacy of the infection control program...Minimum requirements, Current California RN license, BLS [Basic Life Support - a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital] and ACLS [Advanced Cardiac Life Support - a set of clinical interventions for the urgent treatment of cardiac arrest, stroke and other life-threatening medical emergencies, as well as the knowledge and skills to deploy those interventions]. BSN [Bachelor of Science in Nursing] preferred...essential Competencies/Performance Expectations...Program Management...Performance Improvement...Communication...Quality."

Review of the ASC document titled [Facility ASC] Job Description, dated 2009, indicated the Clinical Director "Supervises daily clinical operations of the facility and manages the clinical and clerical staff in accordance with established Federal, State and accreditation guidelines, as well as established [ASC facility] policies and procedures...Oversees patient care activities in preoperative [before surgery], post

operative [after surgery] and intraoperative [during surgery]...Responsible for staff development, orientation, and staff discipline and appraisals...Minimum requirements, Current California RN license, BLS and ACLS. BSN preferred...Essential Competencies/Performance Expectations: Clinical Performance...participates in patient care activities...Establishes, implements and evaluates quality and standards of patient care...Management of Resources/Inventory...Schedules qualified staff to provide required coverage for patient care adhering to applicable guidelines... Management of Facility/Staff...identifies work related improvement opportunities and analyzes them to identify causes and find solutions...evaluated performance of individuals through timely completion of competency assessments and skill checks... Provides department orientation to staff on an ongoing basis including safety training... Provides coaching to facilitate an employees skill acquisition, professional development and career advancement...Fiscal Management...Professional Development/Facility Promotion...Communication...Quality."

During a follow up telephone interview on 4/19/18 at 12:23 p.m., the RNC confirmed she was currently contracted for 8 hours per quarter and she is the Interim Clinical Director. She further stated her new contract would be for 8 hours per month to act as the Clinical Consultant as well as the Infection Control Preventionist. She concurred, in the future, she would be responsible for direction and follow up with evaluating and teaching competencies as well as infection control practices. The RNC indicated the competencies were established by the ASC physician owner and she had not "delved into competencies yet." The RNC indicated she was not aware of the competencies of each employee.

Review of the ASC policy titled Infection Control Plan, revised 4/1/16, stipulated "Infection Control Coordinator - The Governing Body/ Board has identified and appointed a qualified licensed professional with the clinical authority over the infection prevention and control program. This person is also designated as the Infection Control Coordinator (ICC) and has been assigned the responsibility for the daily management of the infection prevention and control activities... The Facility Director of Nursing/ Clinical Director will: Assure operations are conducted in accordance with the facility policies and procedure related to infection prevention and and control...Monitor staff compliance with proper prevention and control techniques... Surveillance is rationale based upon a completed risk assessment..."

2. Review of the ASC Human Resources document titled Competency Assessment - Annual stipulated "(+) = Meets Standard...(-) = Needs Improvement." Review of the ASC staff employee files reflected the following competencies for the two licensed nurses employed by the facility:

a. Review of LN 1's employee file, on 4/18/18 at 10:30 a.m., revealed a hire date of October 2017 as a Registered Nurse. LN 1's prior experience in the employee file did not reflect prior experience in the PACU (post surgical recovery room) or operating room. LN 1's competency assessment indicated a Hire/Self Assessment with skills

marked as needs improvement including the following: Emergency Preparedness, Fire Drill, Hazardous Materials, Patient Rights, Standard Precautions (used for all patient care based on a risk assessment to make use of common sense practices and personal protective equipment used to protect healthcare providers from infection and prevent the spread of infection from patient to patient), Crash Cart Defibrillator (Emergency cart with device used to treat life-threatening cardiac rhythms and delivers a dose of electric current to the heart, Defibrillator monitor, Nurse Call System, and Personal Protective Equipment (worn by caregivers to prevent the spread of infection from patient to patient). No evidence of training or inservices were in LN 1's file.

Review of the facility Human Resources Document titled Standard II Competencies PreOp/PACU RN, dated 2009, indicated a list of clinical skills with a column to rate the skill and an indicator for validation, including computer, direct observation, competency check list, and test. Clinical Skills included: "Provides effective airway management postoperatively...Manages patient complications/emergencies preoperatively and postoperatively..."

b. Review of LN 2's employee file, on 4/18/18 at 11:00 a.m., revealed a hire date of August 2017 as a Licensed Vocational Nurse (LVN)/ Scrub Nurse. LN 2's prior experience in the employee file did not reflect prior experience in the PACU or operating room. LN 2's competency assessment indicated a Hire/Self Assessment with skills marked as needs improvement including the following: Emergency Preparedness, Fire Drill, EKG Monitor, Suction, Crash Cart Defibrillator, Defibrillator monitor, Nurse Call System, Instrument Set Up, Care and Handling of Instruments, Instrument Sets, Surgical Counts (process of counting any item used during a surgical procedure), Sterile Technique, Microscope, Camera, Video System, Phaco Machine (used to remove the damaged lens from an eye), IOLs (Intra Ocular Lens - replacement lens for cataract surgery), and Yag Laser a type of laser used in eye surgery). A 90 day assessment revealed "Meets Standards" for the above skills except Suction, Instrument Set Up, and Care and Handling of Instruments. No evidence of training or inservices were in LN 2's file.

Review of the facility Human Resources Document titled Standard II Competencies LVN, dated 2009, indicated a list of clinical skills with a column to rate the skill and an indicator for validation, including computer, direct observation, competency check list, and test. Clinical Skills included: Demonstrates knowledge of aseptic technique, reports concern to RN." There was no competency for the LVN in the OR.

During an interview with the ADM on 4/18/18 at 3:00 p.m., the ADM stated additional competencies and evaluations would need to be completed when the Clinical Director was hired, as an RN must complete the evaluations. She further stated training and inservices were not documented in the employee files and there was no defined criteria to establish a staff member as competent.

Q0241	SANITARY ENVIRONMENT CFR(s): 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. This STANDARD is not met as evidenced by: Based on observation, interview and Ambulatory Surgical Center (ASC) document review, the ASC failed to provide a functional and sanitary environment for the provision of surgical services by observing professionally acceptable standards of practice when: 1. The Medical Assistant (MA) failed to perform proper hand hygiene during preparation of the surgical tray to be used in surgery, and 2. Licensed Nurse 3 (LN 3), failed to perform hand hygiene after rubbing her eyes and then continued with patient care. These failures had the potential to be sources and transmission of infections and communicable diseases to patients being cared for at the ASC.

Findings:

1. During an observation of the Operating Room (OR) turnover (Cleaning of the OR after a surgical procedure is completed and getting the OR ready for the next surgical case) by MA 1, on 4/19/18 at 7:10 a.m., MA 1 cleaned a table to get ready to set up a surgical tray. The MA set a timer to allow ample time for the drying time of disinfectant used to clean the table. As soon as the timer went off, the MA proceeded to place the wrapped tray set on top of the table and opened the tray without touching the inside of the sterile packet. MA 1 then opened a few more sterile packets and dropped them onto the sterile tray.

MA 1 then performed hand hygiene using foam, donned a sterile pair of gloves and proceeded to open the individual packets on the sterile tray; and arrange them on the tray.

During an interview with MA 1 at 8:15 a.m., when asked what was expected for hand hygiene during room turnover and tray set up, MA 1 stated she should have foamed (performed hand hygiene) after cleaning the table and after handling the wrapped packets and placing them on the table.

In a concurrent interview with LN 1, on 4/19/18 at 7:10 a.m., LN 1 stated MA 1 should use foam to sanitize hands after touching equipment, and, after a maximum of 3 times using foam then wash hands with soap and water.

2. During an observation on 4/19/18 at 7:00 a.m., LN 3 was observed to be rubbing her left eye at the bedside of a patient she was caring for postoperatively. LN 3 did not perform hand hygiene before assessing the patient and taking vital signs.

During an interview with LN 3 on 4/19/18 at 7:30 a.m., LN 3 acknowledged she failed to wash her hands after touching her eye.

The ASC policy on hand hygiene titled, HAND HYGIENE, dated APR 12 2017, stipulated, "...use an antimicrobial soap and water or an alcohol-based hand rub...After contact with medical equipment/supplies in patient areas..."