Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001059	02/01/2019
Name of Provider or Supplier	**Street Address, City, State**	
Fort Sutter Surgery Center, A Ca Limited Partnership	2801 K Street, Suite 525, 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)
Q0101	PHYSICAL 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 observation, interview and document review, the Ambulatory Surgery Center (ASC) failed to demonstrate the maintenance of a sanitary and functional environment when 1) Operating room temperatures were not kept within the expected range, and 2) Infrequently-used surgical equipment was not maintained. These failures had the potential to contribute to surgical site infections, patient discomfort, and surgical complications. Findings: 1. Review of recent "Anesthesia Daily Checklists" indicated that operating room temperatures ranges were to be maintained between 68 - 73 degrees Fahrenheit.

Temperatures below the required 68 degrees were recorded in the following operating rooms on the dates noted:

- Operating Room 3 on 1/3/19, 1/7/19, 1/11/19, 1/14 - 1/18/19, 1/21 - 1/25/19, 1/28 - 1/30/19 and 2/1/19,

- Operating Room 4 on 1/3 - 1/4/19, 1/14 - 1/16/19, 1/18/19, 1/21 - 1/22/19, 1/25/19 and 2/1/19, and

- Operating Room 5 on 12/6 - 12/7/18, 12/13/18, 12/19 - 12/20/18, 12/26 - 12/27/18, 1/21/19 and 1/28 - 1/30/19.

The "Comments" section of the checklists did not reflect evidence of action taken to correct the temperature, or any remeasurement.

In a 12:59 p.m., 2/1/19 interview, the Administrator acknowledged the logs lacked consistent documentation of the actions taken when temperatures were out of range. He stated he had spoken with the employee who checked the temperatures and the employee indicated she "probably should be writing down [the corrective measures taken to normalize the temperatures]."

Review of the ASC's 1/18 "IC [Infection Control] - Air Exchanges, Temperature and Humidity Settings in the Operating Room/Procedure Room" policy indicated, "An effective ventilation system is in place to minimize airborne microbial contamination. Temperature...control is in place to maintain integrity of sterile packaging...Room temperature...is recorded on a daily basis for each Operating Room...In the event that the...temperature is outside the acceptable range, the nursing manager will be notified immediately for appropriate action...Room temperature is maintained between 68 - 73 degrees F [Fahrenheit]...."

2) During concurrent observation and interview with the Director of Nursing (DON) on 1/29/19 at 11:15 a.m., a warming cabinet was noted to be in a corridor adjacent to operating rooms. This warming cabinet contained blankets for patient use. A label for preventative maintenance placed on the exterior of the cabinet indicated it was last completed in July of 2017 and was due for scheduled preventative maintenance in August of 2018.

In a 1/29/19, 12:30 p.m. interview with the DON, she stated the preventative maintenance had not been completed because the biomedical engineering department had the equipment listed as "retired".