Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001059	05/07/2026
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)
Q0242	INFECTION CONTROL PROGRAM CFR(s): 416.51(b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines. This STANDARD is not met as evidenced by: Based on observation, interview, and policy review the Ambulatory Surgery Center (ASC) failed to ensure an effective infection prevention program was followed when: 1. One Medical Doctor (MD 1), one Anesthesiologist (ANES 1), and one Surgical Technologist (ST) did not perform hand hygiene (HH -washing hands with soap and water or using a hand sanitizing gel to prevent the spread of germs) while providing patient care to one of 62 sampled patients (Patient 1). 2. MD 1 did not disinfect a stethoscope (an instrument used for listening to internal body sounds, primarily to assess the heart, lungs, and intestines) used for an exam on Patient 1 before or after use. 3. ANES 1 was present in the operating room (OR) 1 during Patient 1s surgical procedure without proper surgical attire. 4. ANES 1 handled his personal cellular device multiple times during a surgical procedure in OR 1 and did not perform HH either before or after use. These failures had the potential for Patient 1 to experience negative surgical outcomes

related to infection and the spread of communicable disease.

Findings:

During a review of the ASCs document titled, OR Master Daily Schedule, dated 5/5 /26, the document indicated Patient 1 was a 76-year-old female scheduled for Lateral Tarsal Strip with Debulk Both Eyes-Bilateral (procedure for both lower eyelid fat removal and tightening).

1. During an observation on 5/5/26 at 9:39 a.m. in Patient 1s preoperative room. MD 1 entered the room without performing HH. During a bedside examination, MD 1 touched multiple areas of Patient 1's face around both eyes. MD 1 did not have gloves on and failed to wash his hands or use an alcohol-based hand sanitizer (ABHS) before or after the examination. It was further observed MD 1 did not perform HH upon leaving Patient 1s preoperative room.

During an observation on 5/5/26 at 9:49 a.m. in Patient 1s preoperative room, MD 1 entered the room with a stethoscope and performed a physical exam on Patient 1 with bare hands. MD 1 failed to wash his hands or use ABHS before or after the examination.

During an observation on 5/5/26 at 10:37 a.m. in OR 1, ANES 1 put on gloves and performed placement of an airway device (device used to maintain an open airway while the patient is asleep during anesthesia) for Patient 1 and then removed his gloves. ANES 1 did not perform HH either before or after glove use or at any time before or after providing direct patient care to Patient 1.

During an observation on 5/5/26 at 10:40 a.m. in OR 1, MD 1, with bare hands, injected local medication (a type of medicine that causes a temporary loss of feeling or pain) to Patient 1s outer eye areas without performing HH either before or after the injection.

During an observation on 5/5/26 at 10:56 a.m., 11:05 a.m., 11:19 a.m., 11:27 a.m., and 11:31 a.m., in OR 1, ANES 1 put on gloves, drew up and administered intravenous (IV-a small, flexible plastic tube inserted into the vein) medication to Patient 1 and then removed his gloves. ANES 1 did not perform HH either before or after glove use or at any time before or after providing direct patient care to Patient 1.

During an observation on 5/5/26 at 11:08 a.m. in OR 1, the ST removed her sterile gown and gloves and placed them in the garbage bag without performing HH immediately after or before leaving the OR.

During an observation on 5/5/26 at 11:21 a.m. in OR 1, ANES 1 put on gloves, accessed a bag of IV fluid with sterile tubing and connected the bag to Patient 1s main IV tubing and then removed his gloves. ANES 1 did not perform HH either before or after glove use or at any time before or after providing direct patient care to Patient 1.

During an observation on 5/5/26 at 11:57 a.m. in OR 1, MD 1 removed his sterile gown and gloves and placed them in the garbage bag without performing HH immediately after, before using the computer located on the counter in the OR, or before leaving the OR.

During an observation on 5/5/26 at 12:04 p.m. in OR 1, ANES 1 put on gloves to transport Patient 1 to the recovery room, gave report to the recovery room nurse, removed his gloves and did not perform HH.

2. During an observation on 5/5/26 at 9:49 a.m. in Patient 1s preoperative room, MD 1 did not disinfect a stethoscope prior to being used to perform a physical exam on Patient 1. MD 1 then walked into an empty adjacent preoperative room and did not disinfect the stethoscope prior to hanging it on a hook located on the wall.

3. During a concurrent observation and interview on 5/5/26 at 11 a.m. with the Operating Room Registered Nurse (ORRN) in OR 1, the ORRN confirmed ANES 1 was not wearing his beard cover properly and large sections of hair were showing on both sides of his face. ORRN 1 further confirmed ANES 1s scrub jacket was hanging on the back of his chair and his bare arms exposed.

4. During an observation on 5/5/26 at 11:17 a.m. in OR 1, ANES 1, with bare hands, removed his personal cell phone out of the back pocket of his scrub pants, used the device, and returned it to his pocket. ANES 1 did not perform HH either before or after using his cellular device.

During an observation on 5/5/26 at 11:21 a.m. in OR 1, while providing care for Patient 1 ANES 1 took his personal cell phone out of the back pocket of his scrub pants, used the device, and placed it on the small counter area of the anesthesia machine. ANES 1 did not perform HH either before or after he used his cellular device.

During an observation on 5/5/26 at 11:36 a.m. in OR 1, while providing care for Patient 1 ANES 1 took his personal cell phone from the small counter area of the anesthesia machine, used the device, and returned it to his back pocket. ANES 1 did not perform HH either before or after he used his cellular device.

During an observation on 5/5/26 at 11:46 a.m. in OR 1, while providing care for Patient 1 ANES 1 took his personal cell phone from his back pocket, used the device, and returned it to his back pocket. ANES 1 did not perform HH either before or after he used his cellular device.

During an interview on 5/6/26 at 2:11 p.m. with the Infection Preventionist (IP), the IP stated it was imperative that proper HH was performed before or immediately upon entering and after exiting a patients room, before and after glove use, before and after providing any direct patient care such as a physical exam or medication administration, and after handling high touch items such as a cell phone. The IP further stated gloves should be worn when physically touching a patient but wearing gloves is not a substitute for proper HH either with ABHS or soap and water and hands should be sanitized before and after wearing gloves. The IP stated proper disinfection before and after use of equipment such as a stethoscope, which was used on multiple patients, is very important to prevent the spread of germs from one patient to another. The IP stated proper surgical attire which included beard covers and scrub jackets are a very important part of infection control because they limit hair and skin shedding in the OR during surgical procedures. The IP further stated cell phones are a known source of germs and their use in patient care areas, especially the OR, should be limited and when used appropriate disinfection and HH should be performed. The IP stated the expectation was that everyone who worked at the ASC, including physicians and anesthesiologists were to adhere to all infection control policies and

procedures (P&P) and by not doing so it affected the quality of care to all patients and put them at risk for surgical complications and infection.

During a review of the ASCs P&P titled, SSCD [facility name] Hand Hygiene Policy, dated 3/21/24, the P&P indicated, Purposeto remove dirt, organic material, and/or transient microorganisms from the hands in order to reduce the risk of transmission within the health care environmentIndications for hand hygienebefore and after having direct contact with patientsafter contact with used patient equipment and the patients environmentbefore a clean sterile or clean taskBefore donning [putting on] and after doffing [taking off] gloves.

During a review of the ASCs P&P titled, Standard Transmission Based Precautions and Managing Transmissible Diseases, dated 12/11/24, the P&P indicated, Safe Injection PracticesUse aseptic technique [a set of specific medical and laboratory practice such as handwashing, wearing gloves, and using sterile equipment, designed to prevent the transfer of harmful germs and minimize contamination during procedures] when preparing and administering medicationsReusable equipmentNon-invasive patient care equipment [stethoscope] should be disinfectedbetween each patient use.

During a review of the ASCs P&P titled, Dress Code and Work Practices in the Clinical Setting, dated 4/9/24, the P&P indicated, All individuals who enter the semi-restricted and restricted areas of the facility [operating room and designated surrounding area] will wearsurgical attireintended for use only within the operating roomMembers of the non-scrubbed perioperative team [anesthesiologists] should wearsingle use long-sleeved warm up jacket snapped closed with cuffs to the wrist to contain shedding skin squames (dead, flakey skin cells) from bare armsMale personnel must cover beards and hair completely.

During a review of the ASCs P&P titled, Cellular Phone Usage Policy, dated 10 /30/24, the P&P indicated, Cell phone usage guidelinesPhysicians and anesthesia providersuse should be avoided in patient care areas and during times of performing a procedure/surgeryCell phone handling and cleaningCell phonesshould be cleaned and disinfectedbefore being brought into the ORPersonnel should perform hand hygiene frequently when handling these devices.