Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001061	07/17/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pacific Eye Institute	555 N 13th Avenue, Upland, 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)
Q0082	PROGRAM DATA; PROGRAM ACTIVITIES CFR(s): 416.43(b), 416.43(c)(2), 416.43(c)(3) (b)(1) The program must incorporate quality indicator data, including patient care and other relevant data regarding services furnished in the ASC. (b)(2) The ASC must use the data collected to - (i) Monitor the effectiveness and safety of its services, and quality of its care. (ii) Identify opportunities that could lead to improvements and changes in its patient care. (c)(2) Performance improvement activities must track adverse patient events, examine their causes, implement improvements, and ensure that improvements are sustained over time. (c)(3) The ASC must implement preventive strategies throughout the facility targeting adverse patient events and ensure that all staff are familiar with these strategies. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure an effective and ongoing Quality Assurance Performance Improvement (QAPIa data driven and proactive approach to quality improvement) program for 9749 of 9749 patients receiving care from January 1, 2024, through July 17, 2025, when the facility failed to monitor, collecting data and analyze the process of checking and restocking of supplies. This failure had resulted in the missed opportunities to identify issues of unsafe care from the beyond the use date (expired supplies) which had the potential to cause a preventable adverse patient outcome that could negatively affect patients health and safety.

Findings:

During a concurrent observation and interview on July 14, 2025, at 3:50 PM, with the Director of Nursing (DON), in Operating Room (OR 1), the following expired supplies were found:

Three Endotracheal Tube (a flexible plastic tube inserted into windpipe through the mouth or nose) Oral (mouth)/Nasal (nose), with an expiration date of June 28, 2025 (16 days expired).

One Constellation Vison System (a specialized surgical machine used in eye operations, specifically for both the front and back of the eye), 25 Gauge (GAsize of equipment) Chandelier (refers to light use during eye surgery) with an expiration date of May 31, 2025 (44 days expired).

One 25 GA Actua Forceps End Grip (a special instrument used for eye procedure) with an expiration date of May 1, 2025 (75 days expired).

One Lubricating Jelly (water based sterile gel used to reduce friction during medical procedure) with an expiration date of July 7, 2025 (7 days expired).

The DON confirmed that expired medical supplies should not be available in the patient care area and should have been removed.

During an interview on July 17, 2025, at 9:41 AM, with the DON, Senior Manager (SM), and On-Site Facility Manager (OFM), the survey team brought up issues regarding expired supplies. The DON verified and confirmed that the facility was not tracking for expired supplies and medications. The DON stated that the facility did not have a person in charge of supplies and there was no tracking log of supplies.

During a concurrent interview and record review on July 17, 2025, at 9:45 AM, with the DON SM and OFM, the facilitys policy and procedure(P&P) titled, Quality Assurance Performance Improvement Plan (QAPI), [undated], was reviewed. The P&P indicated, Quality Assurance is retrospective in nature, reviewing specific indicators to identify problem areas which might include the following: to objectively

	and systematically monitor and evaluate the quality and appropriateness of patient care on an ongoing basis in order to assure that we have met quality standards. To show evidence of problem resolution by way of tracking and follow up. To identify problems requiring action by the QAPI committee and referring such problems for further investigation and actions The DON stated that the facility has no responsible person or a log for tracking the supplies. The SM stated that the facilitys QAPI was not meeting on a periodic basis as required, so there were missing documents.