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)
Q0240	INFECTION CONTROL CFR(s): 416.51 416.51 Conditions for Coverage Infection control. The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases. This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an appropriate infection control program for 9749 of 9749 patients receiving care from January 1, 2024, through July 17, 2025, when: 1. The facilitys policy and procedure (P&P) titled, "Infection Control Program," did not indicate using or following of any national recognized infection control guidelines (Refer to Q0242). 2. Expired supplies were observed in the Operating Room (OR) area and were readily available for patient use (Refer to Q0245). 3. The facility was unable to provide documented evidence of vaccination record for 12 of 12 sampled employees (Director of Nursing (DON), Medical Doctor (MD 1, MD2, MD 3, MD 4), OR Registered Nurse (ORRN), RN 1, RN2, OR Technician (ORT), Instrument Technician (IT), Licensed Vocational Nurse (LVN 2), and

	Ambulatory Surgical Center Liaison Staff (ASCLS 1) (Refer to Q0245). The cumulative effects of these failures resulted in the facilitys inability to provide an effective infection control program, potentially resulting in lack of infection identification, lack of staff training, lack of infection reporting and infection surveillance leading to increased patients infection risk and delays in healing.