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)
Q0245	INFECTION CONTROL PROGRAM CFR(s): 416.51(b)(3) 416.51(b) Standard: Infection control program. The program is] (3) Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an ongoing infection control program for 9749 of 9749 patients receiving care from January 1, 2024, through July 17, 2025, when: 1. Expired supplies were observed in the Operating Room (OR) area and were readily available for patient use. 2. 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). These failures had the potential to result in cross-contamination (the transfer of

harmful bacteria) causing a preventable bloodstream infection which can negatively affect patients health, prolonged hospitalization, lead up to actual harm, or possible death.

Findings:

1. During a concurrent observation and interview on July 14, 2025, at 3:50 PM, with the Director of Nursing (DON), in 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 a concurrent record review and interview on July 15, 2025, at 10:50 AM, with the DON, the facilitys policy and procedure (P&P) titled, Unusable and Outdated Drugs, dated October 2019, was reviewed, The P&P indicated PROCEDURE. All ASC [Ambulatory Surgery Center] medication and sterile supplies will be checked monthly for expiration date and will be removed from stock use when item is past expiration date The DON stated the P&P was not followed and expired medical supplies should have been removed as using expired medical supplies can lead to decreased effectiveness of treatments. The DON further stated, expired items would increase risk of infections from losing their sterile (free from infection) condition, may lose potency, and potentially leading to ineffective treatment.

	2. During a concurrent record review and interview on July 16, 2025, at 2:10 PM, with the Regional Director of Human Resources (RDHR), the employee files were reviewed. The employee files were missing immunization record for DON, MD 1, MD 2, MD 3, MD 4, ORRN, RN 1, RN 2, ORT, IT, LVN 2, and ASCLS 1. The RDHR verified and stated that she was unable to provide any immunization records for all 12 sample employees. During an interview on July 16, 2025, at 4:00 PM, with the DON, the DON confirmed that he is also acting as IP and overseeing infection control program. The DON confirmed and verified the missing vaccination documents of the 12 sample employees. During a concurrent record review and interview on July 16, 2025, at 4:15 PM, with the DON, the facilitys policy and procedure (P&P) titled Infection Control Program, undated, was reviewed. The P&P indicated, . Section 1.1.1 Infection Prevention Plan, Employee Health: Employee Health will be monitored on an ongoing basis. The infection Prevention Nurse will annually review the data on exposures and develop risk reduction interventions (hepatitis B and Influenza Vaccines, tuberculosis skin testing). The physical exams and screening plans require the full cooperation and participation of all employees and directors, who must be aware of their role in the prevention of ASC-acquired infection The DON verified and confirmed that the policy was not being followed. The DON stated that employees working in the facility without up-to-date immunization would pose a high risk of infection due to cross-contamination from staff to vulnerable patients from invasive procedures with open wounds.