Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001062	04/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Sacramento Eye Surgicenter	3150 J Street, 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)
Q0241	SANITARY ENVIRONMENT CFR(s): 416.51(a) The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. This STANDARD is not met as evidenced by: Based on observation, interview and Ambulatory Surgical Center (ASC) document review, the ASC failed to provide a functional and sanitary environment for the provision of surgical services by observing professionally acceptable standards of practice when: 1. The Medical Assistant (MA) failed to perform proper hand hygiene during preparation of the surgical tray to be used in surgery, and 2. Licensed Nurse 3 (LN 3), failed to perform hand hygiene after rubbing her eyes and then continued with patient care. These failures had the potential to be sources and transmission of infections and communicable diseases to patients being cared for at the ASC.

Findings:

1. During an observation of the Operating Room (OR) turnover (Cleaning of the OR after a surgical procedure is completed and getting the OR ready for the next surgical case) by MA 1, on 4/19/18 at 7:10 a.m., MA 1 cleaned a table to get ready to set up a surgical tray. The MA set a timer to allow ample time for the drying time of disinfectant used to clean the table. As soon as the timer went off, the MA proceeded to place the wrapped tray set on top of the table and opened the tray without touching the inside of the sterile packet. MA 1 then opened a few more sterile packets and dropped them onto the sterile tray.

MA 1 then performed hand hygiene using foam, donned a sterile pair of gloves and proceeded to open the individual packets on the sterile tray; and arrange them on the tray.

During an interview with MA 1 at 8:15 a.m., when asked what was expected for hand hygiene during room turnover and tray set up, MA 1 stated she should have foamed (performed hand hygiene) after cleaning the table and after handling the wrapped packets and placing them on the table.

In a concurrent interview with LN 1, on 4/19/18 at 7:10 a.m., LN 1 stated MA 1 should use foam to sanitize hands after touching equipment, and, after a maximum of 3 times using foam then wash hands with soap and water.

2. During an observation on 4/19/18 at 7:00 a.m., LN 3 was observed to be rubbing her left eye at the bedside of a patient she was caring for postoperatively. LN 3 did not perform hand hygiene before assessing the patient and taking vital signs.

During an interview with LN 3 on 4/19/18 at 7:30 a.m., LN 3 acknowledged she failed to wash her hands after touching her eye.

The ASC policy on hand hygiene titled, HAND HYGIENE, dated APR 12 2017, stipulated, "...use an antimicrobial soap and water or an alcohol-based hand rub...After contact with medical equipment/supplies in patient areas..."