STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MÜLTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		21C0001370	B. WING		07/1	15/2016
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
FEMI-CA	RE SURGERY CENT		RS MILL RO VILLS, MD			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROPERTY OF THE PR			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XS) COMPLETE DATE
A 000	Initial Comments		A 000			
•	13 and 14, 2016 at LLC. An exit interview of the process; two surginterview of the process; trees are preventionist, reg	vey was conducted on July 12, at Femi-Care surgery Center, view was conducted on July 15, and surgical es one operating room and one led: an on-site visit; and rof the physical environment; arument cleaning/sterilization pical procedure observations; hysician/owner/infection istered nurse and medical or of patient record forms; policy				
	and procedure m performance imp governing body n disaster drill docu program; admiss one professional personnel files.	anual; quality assurance rovement (QAPI) projects; neeting minutes; fire drill and amentation; infection control ion and clinical record process; credentialing file and nine clinical records were reviewed.				
:	The surgical prod	cedures that were performed / 2015 to July 2016 were				
	in the administra The physician/ov survey findings a physician/owner	eport are based on data present tive records at the time of review wher was kept informed of the as the survey progressed. The was given the opportunity to too relative to the findings during a survey.	v.     	·		!
	A key code for p	atients, medical staff and staff	;			
OHCQ LABORAT	ORY DIRECTOR'S OR PR	DVIDER/SUPPLIER REPRESENTATIVE'S S	GIGNATURE	TITLE		(X6) DATE
TATE E			6899	UGW711	if con	inuation sheet

The state of the s		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		Odin Ecial	
21C0001370		B. WING		07/15/2016	
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE	·
FEMI-CAI	RE SURGERY CENT		ers Mill R Vills, MD		
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IAG		<u>, , , , , , , , , , , , , , , , , , , </u>		DEFICIENCY)	
A000	Continued From p	age 1	A000		.   .
	contained herein v physician/owner.	vas provided to the	<b>:</b> 		
	with the Code of I	y Center is not in compliance Maryland Annotated Regulations and 10.05.05 for Ambulatory			
A 290	06 Admin (A) 30.	istration	A 290	A 290	
				13 The administ	roton
	A. The licensee is responsible for the overall conduct of the facility and for compliance with		:		the governing
	applicable laws a	nd regulations.	İ	body fellous	
	This Regulation	is not met as evidenced by:			
1		w of the administrative y and procedure manual,		liab esersed at	(chartange 4
	interview of the p	hysician/owner, registered nurse		update the poli	in and promoting
	and medical assi	stants and two procedure		Manual A. 1	2 and practice
observations, it was determined that the governing body failed to oversee the day to day		<u> </u>	manual and u	urblement of	
	operations of the surgery center and failed to update/maintain the policy and procedure manual on an annual basis, failed to perform Quality		.	comprehensue	JAPI DVOQUAM
			11 i	19 The convenience	1-1
Assessment and Performance Improvement		ļ	Comprehensive  3 The governing	Body will	
		failed to implement an infection and failed to remove expired	İ		Y11141 84
	supplies and me			los oración	700+ 01-
	See tags: Q0040 Q0240.	), Q0080, Q0100, Q0180 and		1 () 41145 ()	CARLE III III
A 62	  20 .08 (B) .08 Quali  -	ty Assurance Program	i A 620	Compliance de	Protoniano
	assurance activi	all conduct ongoing quality ties and document the activities basis, but not less than quarterly	) ; /.;	38/22/16 Cons	en a
		is not met as evidenced by:	!	S administra	tor
OHÇQ					2 0 0 0 0 0
STATE FORM			6839	nemen mortered	Overcominuation sheet 2 of 4
				( ) Oliver, )	LENOW O
				· A month,	ann mall.

NAME OF PROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BY PAINTERS MILL ROAD #106  OWINGS MILLS, MD 21117  PREPLY GREAT DETERMINERS AND LEAST OF DEPOSITION BY THE PREPLEDICES OWINGS MILLS, MD 21117  A 820: Continued From page 2  Based on a tour of the ambulatory surgical center (ASC), interview of the owner/physicar/infrection preventionist, medical assistant (MA), observation of two surgical procedures, review of administrative documents and review of policy and procedures it was determined that the governing body falled to develop, implement and maintain a data driven on-going Quality Assessment and Performance Improvement (QAPI) program.  See tags: Q0080 and Q0081.  A 760  A 8 (E) (1) .08 Quality Assurance Program  E Equipment Quality Control.  (1) The administrative out-out-out-out-out-out-out-out-out-out-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
FEMILCARE SURGERY CENTER  OWINGS MILLS, MID 21117  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION WASTES BE PRECEDED BY FILL) PRETATE (EACH CORRECTION WASTES BE PRECEDED BY FILL) PRETATE (EACH CORRECTION WASTES BE PRECEDED BY FILL) PRETATE (EACH CORRECTION WASTES BE PRECEDED BY FILL) PRETATE (EACH CORRECTION WASTES BE PRECEDED BY FILL) PRETATE (EACH CORRECTION SACULD BE CONSULTED BE (EACH CORRECTION WASTES PLAN OF CORPETE PLAN OF CORRECTION WASTES PLAN OF CORRECTION WASTES PLAN OF		21C0001370	B. WING		07/15/2016	
SUMMARY STATEMENT OF DEPCHANCES   DepCHANCES   DEPCHANCES   DEPCHANCES PROBLEM PRICE   PRESENTE ACTION SHOULD BE COMPLETE   DATE   DA	NAME OF PROVIDER OR SUPPLIER STREET ADD SERVICE OF PROVIDER OF SUPPLIER 66 PAINTE			DAD #106		
Based on a tour of the ambulatory surgical center (ASC), interview of the owner/physician/infection preventionist, medical assistant (MA), observation of two surgical procedures, review of administrative documents and review of policy and procedures it was determined that the governing body failed to develop, implement and maintain a data driven on-going Quality Assessment and Performance Improvement (QAPI) program.  See tags: Q0080 and Q0081.  A 760 .08 (E) (1) .08 Quality Assurance Program  E. Equipment Quality Control.  (1) The administrator shall ensure that the facility develops a quality control procedure to monitor the safety and performance of all biomedical equipment.  This Regulation is not met as evidenced by: Based on a tour of the ambulatory surgical center (ASC), interview of the owner/physician/infection preventionist, medical assistant (MA), observation of two surgical procedures, review of policy and procedures the facility failed to ensure that patients and staff were free of the risk of exposure to infection and communicable diseases.  See tags: Q0240 and Q0242.  A2070 .10 (B) (1) .10 Pharmaceutical Services  A2070 .20 (B) (1) .10 Pharmaceutical Services	PREFIX (EACH DEFICIENC	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI	HOULD BE COMPLETE	
B. Administration of Drugs.  (1) Staff shall prepare and administer drugs according to established policies and acceptable	Based on a tour of (ASC), interview of preventionist, med of two surgical progradministrative documents and procedures it is governing body fail maintain a data drift Assessment and F (QAPI) program.  See tags: Q0080 at (QAPI) program.  See tags: Q0080 at (QAPI) program.  See tags: Q0080 at (QAPI) and program of the safety and per equipment.  This Regulation is Based on a tour of (ASC), interview of two surgical programministrative documents and staff exposure to infect diseases.  See tags: Q0240  A2070 .10 (B) (1) .10 Ph  B. Administration (1) Staff shall present and staff s	the ambulatory surgical center the owner/physician/infection cal assistant (MA), observation cedures, review of uments and review of policy was determined that the led to develop, implement and ven on-going Quality Performance Improvement and Q0081.  Ality Assurance Program ality Control ensure that the facility control procedure to monitor formance of all biomedical as not met as evidenced by: If the ambulatory surgical center of the owner/physician/infection dical assistant (MA), observation occdures, review of coments and review of policy he facility failed to ensure that were free of the risk of tion and communicable and Q0242.  armaceutical Services  of Drugs. pare and administer drugs	A 760	OTHE administration of proposed in a propose	comprehense that is dotal the quarterly a contrator will ator retting retting and the equip red will be ly requipe confidence	

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Office of Health Care Quality  FORM APPROVED					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED	
21C0001370		B. WING	•		
MAME OF TROUBER AS ALLES			DRESS CITY	STATE, ZIP CODE	07/15/2016
FEMI-CA	RE SURGERY CENTE	R · 66 PAINT	ers Mill R Mills, MD	OAD #106	
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A2070	Continued From pa	ge 3	A2070	ARDIO	1.
	standards of practic	e.		D Treadministrate	5 will
	This Regulation is not met as evidenced by: Based on an observational tour of the ambulatory surgery center (ASC), it was determined that the physician/owner failed to monitor for expired			randling-	medication
	medications and fai medications, See tags: Q0180 ar	led to discard expired		Oles to monitor	م ا حراره کی مرا
A2220	.13 (A) .13 Physical	•	A2220	medications on	s mount
!	A. The administrato has a safe, function for the provision of a	r shall ensure that the facility al, and sanitary environment surgical services.		3 8/22/10 Comple	1
	Based on an observarigical center (ASC physician/owner fail	not met as evidenced by: rational tour of the ambulatory C), it was determined that the ed to monitor for expired to discard expired supplies.	·	6) administrate	n
	See tags: Q0100 ar	d Q0101.		A 2220	
		ANTER TOTAL		1) The administration ensure all stopp	to will
		AUG 1 2016	•		V - 1
		Cales of the artificial country.		For expired Sup Dal Staff will	Mark item a
				Sobblies are and	\(\tau_1 \) \(\lambda_1 \) \(\lambd
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1				a monthly.	