

Standard v43	Standard v42	Statement of Requirement
ADM Administration		
3. Administration		
ADM.120	3.A.	Administrative policies, procedures, and controls adopted by the governing body are implemented to ensure the orderly and efficient management of the organization.
ADM.130	3.B.	Fiscal controls are in place to protect the assets of the organization.
ADM.150	3.D.	Orientation and training address safety and privacy.
ADM.160	3.E.	Orientation and training according to position description are provided to all staff.
4. Quality of Care Provided		
ADM.190	4.D.	The organization has policies and procedures for identifying, storing, and transporting laboratory specimens and biological products.
11. Pharmaceutical Services		
ADM.200	11.A.	Pharmaceutical services are directed by a qualified licensed provider.
ADM.210	11.B.	If the organization owns or operates a pharmacy, it is supervised by a licensed pharmacist.
20. Overnight Care and Services		
ADM.280	20.B.	Overnight care and services are provided by qualified personnel.
ASG Anesthesia and Surgery		
9. Anesthesia Care Services		
ASG.100	9.D.	Written policies and procedures for anesthesia services are present.
10.I. Surgical and Related Services		
ASG.110	10.I.I.	The organization has written policies regarding the procedures and treatments offered to patients.
ASG.120	10.I.D.	The organization must develop and maintain a policy regarding the requirement for medical history and physical examination prior to surgery.
9. Anesthesia Care Services		
ASG.150	9.J.	The oxygenation, ventilation, and circulation of the patient is continually evaluated and documented.
ASG.160	9.L.	Patients are observed and monitored in a post-anesthesia care unit, or in an area that provides equivalent care, by methods appropriate to each patient's medical condition and sedation/analgesia or anesthesia.
ASG.170	9.M.	A written policy requires the presence of a physician, dentist, or other delegated, qualified health care professional supervised by a physician or dentist until the medical discharge of the patient following clinical recovery from the surgery/procedure and anesthesia.
ASG.180	9.I.	Before discharge from the ASC, each patient must be evaluated by a physician or by an anesthesiologist as defined in Title 42 CFR 410.69(b) of this chapter, in accordance with applicable State health and safety laws, standards of practice, and ASC policy, for proper anesthesia recovery.

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ASG.190	9.Q.	If anesthesia is provided by other than an anesthesiologist, oral and maxillofacial surgeon, certified registered nurse anesthetist, or an anesthesiologist assistant within his/her scope of practice, the governing body has granted such personnel privileges to administer sedative, hypnotic, or analgesic drugs that do not have an antagonist medication (for example, propofol), if these drugs are used.
ASG.210	9.P.	A written policy prohibits the administration of moderate or deep sedation or general anesthesia unless a physician, dentist, or other qualified individual supervised by a physician or dentist, in addition to the one performing the surgery, is present to monitor the patient.
10.I. Surgical and Related Services		
ASG.220	10.I.K.	If applicable, protocols for the handling, maintenance, and storage of blood or blood products for transfusion, and/or human cells or tissues for transplantation, are present.
ASF.230	10.I.J.	If procedures performed pose the risk that blood loss may require blood replacement, the organization has written policies and procedures to address the situation.
ASG.240	10.I.L.	A written policy is in place for assessing the risk of, and implementing practices to prevent, deep vein thrombosis when appropriate for the patient.
ASG.260	10.I.P.	If procedures requiring counts of sponges, sharps, and instruments are performed, a written policy, based on nationally recognized guidelines for conducting counts, is present.
ASG.270	10.I.Q.	Prior to the surgery or procedure, the intended procedure is verified.
ASG.280	10.I.R.	Prior to a surgery or procedure involving level or laterality, the site is marked.
ASG.290	10.I.S.	A time-out is conducted immediately prior to beginning a procedure.
CMC Care Management and Coordination		
4. Quality of Care Provided		
CMC.100	4.E.	High-quality health care is provided.
CMC.110	4.F.	Patients are educated regarding their condition or illness.
9. Anesthesia Care Services		
CMC.140	9.K.	A written policy regarding assessment and management of acute pain has been adopted.
10.I. Surgical Services		
CMC.160	10.I.F.	The pre-surgical assessment includes appropriate documentation prior to the procedure.
20. Overnight Care and Services		
CMC.210	20.C.	The scope and limitations of overnight care and services are clearly defined.
CMC.220	20.D.	Written policies and procedures for overnight care are present.
CPV Credentialing and Privileging		
2.II. Governance		
CPV.100	2.II.A.	The medical and/or dental staff is accountable to the governing body through a credentialing, privileging, and reappointment process for which the governing body is responsible.

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CPV.130	2.II.C.	On a formal application for initial staff privileges, the applicant is required to provide sufficient evidence of training, experience, and current documented competence in performance of the procedures for which privileges are requested.
10.I. Surgical Services		
CPV.240		Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.
13. Diagnostic and Other Imaging Services		
CPV.300	13.E.	Health care professionals providing imaging services and/or interpreting results are appropriately trained and privileged.
CRD Clinical Records		
6. Clinical Records and Health Information		
CRD.100	6.A.	The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.
CRD.120	6.B.	A system for the accurate collection, processing, maintenance, storage, retrieval, and distribution of clinical records is maintained.
CRD.130	6.C.	Written policies for clinical records are present.
CRD.140	6.D.	Clinical records are maintained in a manner that facilitates the provision of safe care.
CRD.150	6.E.	The ASC must comply with the Department's rules for the privacy and security of individually identifiable health information, as specified at 45 CFR Parts 160 and 164.
CRD.160	6.F.	Except when otherwise required by law, any record that contains clinical, social, financial, or other data about a patient is treated as strictly confidential.
CRD.165	6.G.	An individual clinical record is maintained for each person receiving care. Every record must be accurate, legible, and promptly completed.
CRD.170	6.G.	An individual clinical record is established for each person receiving care.
CRD.180	6.H.	Clinical record entries are consistent across records.
CRD.190	6.G.6.	Clinical record entries for procedures are consistent across records.
CRD.200	6.I.	The presence or absence of allergies, sensitivities and other reactions to drugs, materials, food and environmental factors is recorded in a prominent and consistently defined location in all clinical records.
CRD.210	6.J.	Reports, histories and physicals, progress notes, and other patient information such as laboratory reports, x-ray readings, operative reports, and consultations, are reviewed and incorporated into the record, as required by the organization's policies.
CRD.220	6.K.	Clinical records document discussions with the patient concerning the necessity, appropriateness, and risks of the proposed care, surgery, or procedure, as well as discussions of treatment alternatives, as applicable.
CRD.240	6.M.	Clinical records demonstrate that the organization ensures continuity of care for its patients.
10.I. Surgical and Related Services: General Requirements		
CRD.260	10.I.T.	The findings and techniques of a procedure are accurately and completely documented immediately after the procedure.
20. Overnight Care and Services		
CRD.300	20.F.	Clinical record entries reflect the provision of overnight care.

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EMG Emergency Management		
4. Quality of Care Provided		
EMG.110	4.I.	The ASC must have an effective procedure for immediate transfer, to a hospital, of patients requiring emergency medical care beyond the capabilities of the ASC.
8.I. Facilities and Environment		
EMG.170	8.I.N.	Scenario-based drills of the internal and external emergency and disaster preparedness plan are conducted.
9. Anesthesia Care Services		
EMG.200	9.F.	Resuscitation equipment is available.
EMG.210	9.N.	At least one health care professional with current training in advanced cardiac life support (ACLS) is present to provide advanced resuscitative techniques until all patients operated on that day have been physically discharged.
EMG.230	9.S.	If pediatric patients are served, health care professionals with current training in pediatric advanced life support (PALS) and age- and size-appropriate resuscitative equipment are available at all times until pediatric patients operated on that day have been physically discharged.
EMG.240	9.U.	If pediatric patients are served, the equipment, medication, and resuscitative capabilities required for pediatric patients are present.
8.II. Facilities and Environment		
EMG.320	8.II.A.1	The ASC must develop and maintain an emergency and disaster preparedness plan.
EMG.330	8.II.B.	The ASC must develop and implement emergency and disaster preparedness policies and procedures, based on the emergency and disaster preparedness plan, risk assessment, and the communication plan.
FAC Facilities and Equipment		
8.I. Facilities and Environment		
FAC.110	8.I.B.	The facility is operated in a safe and secure manner.
FAC.120	8.I.C.	The physical environment supports patient comfort and privacy.
FAC.130	8.I.D.	Facilities are clean and properly maintained.
FAC.140	8.I.E.	There are no visible hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma.
FAC.170	8.I.F.	The ASC must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.
FAC.190	8.I.G.	Except as otherwise provided in this section, the ASC must meet provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served, and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4).
FAC.210	8.I.I.	Beginning July 5, 2017, an ASC must be in compliance with NFPA 101 Life Safety Code Chapter 21.3.2.1, Doors to hazardous areas.
FAC.220	8.I.J.	An ASC may place alcohol-based hand rub dispensers in its facility if the dispensers are installed in a manner that adequately protects against inappropriate access.
FAC.240	8.I.L.	Medical equipment is appropriately maintained.

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GOV Governance		
2.I. Governance: General Requirements		
GOV.140	2.I.E.	The ASC must have a governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation.
GOV.150	2.I.F.	The governing body is responsible for establishing strategic direction and supporting its accomplishment.
GOV.160	2.I.G.	The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the operation and performance of the organization.
GOV.170	2.I.H.	The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the clinical operations and performance of the organization.
GOV.210	2.I.K.	The governing body meets at least annually, or more frequently as determined by the governing body, as evidenced by minutes or other records kept as necessary for the orderly conduct of the organization.
10.I. Surgical and Related Services: General Requirements		
GOV.270	10.I.B.	Surgical procedures performed are limited to those approved by the governing body upon the recommendation of qualified medical staff.
10.II. Surgical and Related Services		
GOV.290	10.II.A.	The governing body has granted each provider privileges for each energy-emitting device that they use.
12. Pathology and Medical Laboratory Services		
GOV.310	12.E.	If the organization has obtained a CLIA Certificate for Provider Performed Microscopy Procedures, or a CLIA Certificate of Registration, Compliance or Accreditation, services are provided under the direction of a pathologist, other physician, or other qualified individual as delineated under CLIA.
24. Radiation Oncology Treatment Services		
GOV.390	24.A.	The governing body has appointed qualified personnel to direct and oversee radiation oncology services.
GOV.400	24.C.	The governing body has adopted written policies addressing the quality of care for radiation oncology.
IPC Infection Prevention and Control		
7.I. Infection Prevention and Control and Safety		
IPC.100	7.I.A.	The organization has a written program for infection prevention and control.
IPC.120	7.I.A.6.	The infection prevention and control program must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.
IPC.130	7.I.B.	The written infection prevention and control program describes how infections and transmission of communicable diseases are prevented, identified, and managed.
IPC.160	7.I.C.	The infection control program is under the direction of a designated and qualified professional who has training in infection control.
IPC.170	7.I.D.	Safe processes are used for the cleaning, decontamination, high-level disinfection, and sterilization of instruments, equipment, supplies, and implants.
IPC.180	7.I.E.	A written sharps injury prevention program is present in the organization.
IPC.190	7.I.F.	Safeguards are in place to protect patients and others from cross-infection.

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IPC.210	7.I.H.	Written policies address the cleaning of patient treatment and care areas.
IPC.220	7.I.I.	Medical devices for use with multiple patients are processed between patients according to the manufacturer's instructions or nationally recognized guidelines, whichever are more stringent.
10.I. Surgical and Related Services		
IPC.230	10.I.O.	The surgical environment contains safeguards to protect patients and others from cross-infection.
IPC.240	10.I.N.	Attire contaminated with blood or body fluid is laundered by an approved laundry.
LRD Laboratory and Radiology		
12. Pathology and Medical Laboratory Services		
LRD.130	12.D.	As appropriate for the laboratory services performed, a current CLIA Certificate of Waiver, and/or a current Certificate for Provider Performed Microscopy Procedures (PPMP), and/or a current Certificate of Registration, Compliance or Accreditation is present.
LRD.160	12.J.	Pathology and medical laboratory services provided adequately support the organization's clinical capabilities.
13. Diagnostic and Other Imaging Services		
LRD.250	13.D.	The radiologic services must meet the requirements specified in Parts 482.26(b), (c)(2), and (d)(2) of CMS Hospital Conditions of Participation.
LRD.260	13.A.	The Ambulatory Surgical Center must comply with all applicable Federal and State radiologic service requirements.
LRD.270	13.B.	If radiologic services are utilized, the governing body must appoint an individual qualified in accordance with State law and ASC policies who is responsible for assuring all radiologic services are provided in accordance with the requirements of this section.
LRD.280	13.F.	Imaging services provided are appropriate to the needs of patients and support the organization's clinical capabilities.
LRD.300	13.L.	Diagnostic imaging tests are performed, authenticated, and documented appropriately.
LRD.310	13.M.	Diagnostic images are accessible and appropriately retained and stored.
MED Medication Management		
11. Pharmaceutical Services		
MED.100	11.D.	Pharmaceutical services are provided in accordance with standards of care and prevailing laws and regulations.
MED.110	11.E.	The ASC must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.
MED.120	11.F.	Drugs must be prepared and administered according to established policies and acceptable standards of practice.
MED.130	11.G.	Pharmaceutical services made available through a contractual agreement are provided in accordance with the same professional practices and legal requirements required if such services were provided directly by the organization.
MED.140	11.H.	The medication inventory is monitored to track the presence or absence of high-alert medications and medications with confused drug names.
MED.150	11.I.	Procedures are in place to prevent errors from high-alert medications.
MED.160	11.J.	Procedures are in place to prevent errors from medications with confused drug names.

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MED.170	11.K.	Drug storage and security, including recordkeeping, are maintained to ensure the control and safe dispensing of drugs (including samples), to minimize medication errors, and to prevent diversion in compliance with prevailing laws and regulations.
MED.180	11.L.	Interviews with staff, and/or observations of patient interaction, confirm that patients are provided with information concerning the safe and effective use of medications consistent with legal requirements and patient needs.
MED.190	11.M.	If not administered immediately, all medications (injectable, oral, etc.) removed from the original container or packaging are labeled in a standard format in accordance with law, regulation and standards of practice.
MED.210	11.N.	A written policy is present addressing the disposal or return of expired, damaged, and recalled medications in accordance with prevailing laws and regulations and accepted guidelines.
MED.220	11.O.	Procedures are in place for the maintenance, cleaning, distribution, and use of devices such as nebulizer units, intravenous infusion pumps, or other mechanical device used in the medication delivery process.
PRR Patient Rights, Responsibilities and Protections		
1. Patient Rights and Responsibilities		
PRR.100	1.A.	Patients are treated with respect, consideration, and dignity.
PRR.120	1.B.	The patient has the right to be free from any act of discrimination or reprisal.
PRR.130	1.C.	The patient has the right to receive care in a safe setting.
PRR.150	1.E.	The ASC must inform the patient or the patient's representative of the patient's rights and must protect and promote the exercise of these rights.
PRR.160	1.F.	The ASC must post the written notice of patient's rights in a place or places within the ASC likely to be noticed by patient's waiting for treatment or by the patient's representative or surrogate, if applicable.
PRR.190	1.G.	Prior to receiving care, patients are informed of their rights.
9. Anesthesia Care Services		
PRR.250	9.E.	The informed consent of the patient or of the patient's representative, if applicable, is obtained before the procedure is performed.
10.I. Surgical and Related Services		
PRR.260	10.I.G.	Informed consent for the proposed procedure is obtained.
1. Patient Rights and Responsibilities		
PRR.270	1.K.	The ASC must comply with requirements for advance directives.
PRR.280	1.L.	The patient has the right to voice grievances regarding treatment of care that is (or fails to be) furnished.
PRR.290	1.M.	The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC.
QUA Quality		
5.I. Quality Management and Improvement		
QUA.210	5.I.A.	The QAPI program activities include tracking performance measures and implementing strategies to ensure improvement and prevention.

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QUA.220	5.I.A.3.	The ASC must set priorities for its performance improvement activities.
QUA.230	5.I.B.	The organization has a written quality improvement program.
QUA.240	5.I.C.	The quality improvement program includes processes to ensure communication of the results of quality improvement activities.
QUA.250	5.I.D	Ongoing data collection processes are in place to measure quality and to identify quality-related problems or concerns.
QUA.260	5.I.F.	The program must incorporate quality indicator data.
SAF Safety		
5.II. Quality Management and Improvement		
SAF.110	5.II.B.	The risk management policies address ongoing processes regarding patient safety and other important issues.
SAF.130	5.II.D.	Incidents and adverse incidents are reviewed and corrective actions are taken as needed.
7.II. Infection Prevention and Control and Safety		
SAF.140	7.II.A	A written safety program addresses the environment of care, the safety of patients, staff, and others, and meets or exceeds local, state, or federal safety requirements.
SAF.160	7.II.F	All products, including medications, reagents, solutions, and supplies that have a manufacturer's printed expiration date are monitored and disposed of in compliance with facility policy and manufacturers' guidelines.
SAF.170	7.II.G.	A system exists for the proper identification, management, handling, transport, and disposal of hazardous materials and wastes, whether solid, liquid, or gas.
SAF.180	7.II.H.	The temperature of items that are frozen, refrigerated, and/or heated is continuously monitored to ensure that the product manufacturer's recommended temperature range is maintained.
SAF.190	7.II.I	A written policy requires documentation of the pre-cleaning, transport, and handling of medical devices intended for external vendor reprocessing, inspection, or repair.
SAF.200	7.II.J.	Reprocessing of manufacturer-labeled single-use devices complies with FDA regulation and is limited to devices approved for reprocessing in accordance with FDA 510(k) clearance.
SAF.230	7.II.L.	Prior to use, appropriate education is provided to intended operators of newly acquired devices or products to be used in the care of patients.
SAF.240	7.II.M	Fire prevention and safety are addressed in the written safety program.
SAF.250	7.II.N	Health care workers are protected from biologic hazards, consistent with prevailing laws and regulations and nationally recognized guidelines.
SAF.260	7.II.O	Procedures addressing bloodborne pathogens are in place.
SAF.270	7.II.P	A program is maintained to assess and reduce risks associated with occupational chemical exposures.
SAF.290	7.II.B.	The safety program requires performance of a proactive, documented risk assessment before commencing demolition, construction or renovation while the facility is occupied.
10.II. Surgical and Related Services		
SAF.310	10.II.B.	Written policies and procedures for each device are present.
SAF.320	10.II.C.	Safety measures for the laser(s) used are in place.

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SAF.330	10.II.D.	Fire protection measures for lasers are in place.
SAF.340	10.II.E.	Safeguards are in place to ensure patient safety when lasers are used.
13. Diagnostic and Other Imaging Services		
SAF.360	13.G.	Written policies and procedures addressing safety aspects of imaging services are present.
SAF.370	13.H.	Written policies and procedures address the management of potentially hazardous energy sources.
SAF.390	13.J.	If magnetic resonance imaging is conducted, proper warning signs are in place.
24. Radiation Oncology Treatment Services		
SAF.410	24.D.	Radiation safety processes are followed.
SAF.420	24.I.	If High Dose Rate (HDR) brachytherapy, Low Dose Rate (LDR) brachytherapy, or similar procedures using radioactive seeds or other devices that are implanted or injected are used, steps are taken to ensure that no potentially harmful residual radiation is present on site.