

# Infection Control in the Ophthalmic ASC in 2026

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## Sanitary Environment

### Rule/Statute

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.



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## Sanitary Environment

**Findings:** The ASC failed to ensure sharps container was replaced and not allowed to overfill.

### Detailed Findings:

During a tour of Procedure Room 2 with RN, an overfilled, beyond the fill line, 2-gallon sharps container was observed.



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## Sanitary Environment

**Findings:** The ASC failed to ensure single-use instruments were not reprocessed and available for patient use.

**SINGLE PATIENT  
USE ONLY**

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## Sanitary Environment

**Detailed Findings:** A tour of the OR was conducted. In the supply storage cabinet was a bin with one Malyugin Ring in the manufacturer's packaging (single use).

There were 5 Malyugin Rings in sterile reprocessing packaging that had been reprocessed and available for patient use. Twenty-four more of the reprocessed Malyugin Rings were in the sterile reprocessing packaging located in a bin.

The nurse manager confirmed the single-use rings were reprocessed and available for patient use.

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## Sanitary Environment

**Rule/Statue:**

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.

**ACCEPTABLE**

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## Sanitary Environment

**Findings:** The ASC failed to follow their policy and procedures for hand hygiene and exposure control program.



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## Sanitary Environment

**Findings:** The ASC failed to follow the recognized standards of infection control to prevent cross-infection and a clean environment for patient care.

**Detailed Findings:**

- On observation of EMP2 fingernails it was noted EMP2 had colored artificial nail bonding.
- Observation of EMP7 fingernails, it was noted EMP7 had colored artificial nail bonding with spacing between end of product and cuticle where the nail had grown out.

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## Sanitary Environment

The ASC failed to ensure a sanitary environment for 39 of 39 patients when disposable tourniquets were being used on multiple patients.



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## QAPI Program Scope, Program Activities

### Rule/Statute

- (a)(1) The program must include, but not be limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.
- (a)(2) The ASC must measure, analyze, and track quality indicators, adverse patient events, infection control and other aspects of performance that includes care and services furnished in the ASC.

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## Program Scope, Program Activities

- (c)(1) The ASC must set priorities for its performance improvement activities that -
  - Focus on high risk, high volume, and problem-prone areas.
  - Consider incidence, prevalence, and severity of problems in those areas.
  - Affect health outcomes, patient safety, and quality of care.



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## Program Scope, Program Activities

### Findings:

The ASC failed to measure, analyze, and track infection control and medication errors/adverse reactions as a part of its ongoing QAPI program.



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## Program Scope, Program Activities

### Findings:

The ASC did not ensure an effective QAPI program for infection control program when the facility failed to monitor, collect data and analyze the effectiveness of infection control program.



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## Program Scope, Program Activities

### Details:

During an observation on April 22, 2025, in the Central Supply room, an OR Surgical Technician 2 (ORST 2) was observed dropping a sterile suture package on the floor, picked up the package, and placed the package on top of the OR table to be used for an upcoming surgery.



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## Program Scope, Program Activities

During an interview with the DON, he/she stated the ASC had not had any permanent IC nurse in charge since December 2024. The DON confirmed QAPI did not have a good tracking or identification of IC practices without IC Preventionist involvement. Review of records did not indicate any infection control program concerns including the vacancy of the IC Preventionist nurse.



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## Infection Control

### Rule/Statute

The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases. The infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.



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## Infection Control

### Findings:

The ASC failed to ensure that staff have adequate training and knowledge of the sterilization process:



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## Infection Control

The ASC failed to ensure that contracted and permanent staff followed facility policy and procedure related to cleaning and disinfection of the pre-operative/PACU area, and the procedure room within the patient care environment, which increases the potential risk of patients' exposure to pathogenic and/or airborne substances resulting from dirt, dust and debris present in patient areas.



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## Infection Control

- The ASC failed to ensure documentation for each sterilized load including time, temperature, and pressure were completed.
- The ASC failed to ensure surgical site skin preparation was performed according to manufacturer's instructions.



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## Infection Control

**Detailed Findings:** The ASC failed to ensure an employee health program to determine the communicable disease history of current personnel as required by state and federal agencies.



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## Infection Control

The ASC failed to establish an individual to be responsible for the infection control program which poses the risk of negatively impact a patients' health by not identifying, documenting or analyzing infection control data.



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## Infection Control

### Findings:

The ASC failed to maintain a sanitary environment when:

1. Staff could not verbalize or demonstrate dwell times when cleaning equipment.
2. Staff did not follow a sequence for room turn over
3. Equipment integrity was not maintained.



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## Infection Control

4. Clean equipment was not separated from dirty equipment.
5. Staff did not change gloves.
6. A rusted IV pole was available for use.



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## Infection Control

7. A surgical instruments tray contained instruments that were stained, pitted, and had tape on them.
8. Temperature and humidity were not monitored for storage of sterile supplies.
9. Surgical instrument trays were stored under a dirty vent.
10. Equipment was stored next to OR bed without being cleaned between cases.
11. Towels on the OR beds were not changed in between cases.



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## Infection Control

- 13. Routine daily, weekly, and monthly maintenance not performed on the autoclaves.
- 14. Terminal cleaning was not documented for multiple areas.



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## Infection Control

### Detailed Findings:

The ASC failed to ensure a safe and sanitary environment and implement policy and procedures to minimize the transmission of healthcare acquired infections (HAIs) when:

- Staff were unable to verbalize the process for manual cleaning of soiled instruments.
- Staff failed to perform the daily verification testing on the automated washer/ disinfecter.



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## Infection Control

Staff did not perform manual cleaning per manufacturers instruction with the enzymatic cleaner and used the same cleaning brushes for indefinite number of times.



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## Infection Control

During an observation and interview with the Pre-op/PACU Supervisor (PCN), PCN stated we use the purple top Sani-wipes to clean the beds and bays; we use the red top Sani-wipes to clean other equipment. PCN was unable to verbalize the correct dwell time for both the purple top and red top Sani-wipes.



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## Infection Control

During a concurrent observation and interview with ST 3, in OR3 during room turn-over, the hard plastic on one corner of the backboard that was used was missing and the foam was exposed. Confirmed with ST 3 that the backboard should not be used when the integrity is compromised as there is no way to ensure it has been cleaned.



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## Infection Control

ST3 cleaned the pads on the OR bed and then placed the pads on the dirty part of the bed.

ST3 cleaned dirty equipment with a wipe, did not remove dirty gloves, and then got clean wipes from the container.



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## Infection Control

During a concurrent observation and interview with registered nurse (RN 3), in OR3, an IV pump with chipped paint and rust was ready for use.



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## Infection Control

Concurrent observation and interview with OR supervisor revealed there are sterile trays and instruments being stored in the hallways of the OR and in the sterile instrument storage room and they are not being monitored for temperature and humidity.



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## Infection Control

When asked if there was routine maintenance that needed to be performed on the Autoclaves on a daily, weekly, and monthly schedule, ST2 verbalized was unsure. ORS verbalized would have to refer to the manufacturer's instruction for use (MIFU's) manual. When asked if there was a log to document the routine maintenance that needed to be performed on the Autoclaves, ST 2 verbalized not documenting on a log for routine maintenance.



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## Infection Control

During a concurrent observation and interview with the scrub technician (ST 2), ST 2 was asked to demonstrate manual instrument cleaning process, in the decontamination room, of the sterile processing department (SPD). ST 2 verbalized using an enzymatic cleaner to scrub the instruments in the sink. ST 2 was asked how much enzymatic cleaner is needed and how much water is needed for proper dilution of the enzymatic cleaner, ST 2 verbalized did not know. When asked if the water temperature need to be checked, ST2 stated they did not have a thermometer to check it.

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## Infection Control

**Findings:** The ASC:

- Failed to monitor air changes throughout entire ASC including the OR, procedure room, SPD, and sterile storage area.
- Failed to enclose and/or have a physical separation (door) between the SPD/decontamination from patient care areas.



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## Infection Control

Failed to place a steam sterilizer which was producing steam, out of the patient care areas.

Failed to monitor daily temperature and humidity for the OR (where sterile instruments were being stored), and procedure room



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## Infection Control

### Detailed Findings:

Air exchanges were not being monitored throughout the entire ASC.

A steam sterilizer located in patient care areas observed with steam coming out of the sterilizer and spreading towards patient care areas thus exposing all patients and staff to possible contaminants.



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## Infection Control

There was no daily temperature and humidity monitoring for the sterile storage area, OR, procedure room.

A Pre-Op gurney had tape on the headrest and a PACU/recovery gurney headrest was in disrepair.

Two clean intravenous IV poles were observed, one IV pole with rust-like substance and the IV pole with sticky black colored substance.



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## Sanitary Environment

### Rule/Statute

The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice.



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## Sanitary Environment

**Findings:** The ASC failed to collect, analyze and document infection control data and incorporate the Infection Control Program as an integral part of the ASC's quality assessment and performance improvement program (QAPI).



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## Sanitary Environment

**Detailed Findings:** Employee #1 verified, in an interview that none of the employees wear proper head/facial covering during the packaging of clean instruments prior to sterilization.



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## Sanitary Environment

**Detailed Findings:**

- RN was noted documenting at a computer at bedside without changing gloves and performing hand hygiene before returning to patient #17.
- No monitoring of the cleaning company was done to ensure the tasks were being completed as described in the policy.



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## Sanitary Environment

**Details:**

- Observation of alcohol-based hand rub containers revealed multiple containers were expired.
- Employee was observed sitting on the patient's bed.
- The wheel wells of the anesthesia chair were rusted.



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## Sanitary Environment

**Findings:** The ASC did not ensure an infection program to prevent patient infection, when:

1. The staff were unaware of the dwell time (The amount of time that a disinfecting product needs to sit on a surface in order to kill organisms) for disinfectant wipes; and,



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## Sanitary Environment

2. Terminal cleaning of the operating rooms and decontamination area was not done according to national standards. These failures had the potential for cross-contamination, infection and patient harm.



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## Sanitary Environment

**Findings:** The ASC failed to ensure a safe and sanitary environment when staff were not able to demonstrate or verbalize the correct way to use the disinfectant wipes, according to manufacturer's instructions, when cleaning the glucometer or other patient care equipment.



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## Sanitary Environment

**Findings:** The ASC failed to maintain emergency equipment and supplies when:

- The pediatric crash cart and adult crash cart were not locked, had no list of contents, had no medication list on outside of cart.
- The pediatric crash cart and adult crash cart contained expired supplies.
- The pediatric crash cart did not contain pediatric defibrillator pads and the adult crash cart had expired adult defibrillator pads.



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## Physical Environment

### Rule/Statute

The ASC must provide a functional and sanitary environment for the provision of surgical services.

**Findings:** The ASC failed to follow their own policy and procedure for temperature monitoring in each procedure room.



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## Physical Environment

**Findings:** The ASC failed to ensure the Procedure Rooms/Operating Rooms, Post-anesthesia Care Unit (PACU) and Preop rooms met the humidity level requirements per policy.



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## Physical Environment

**Details:** Request was made for humidity readings in the Preop and PACU areas and none was provided.

Request was made for documentation on timeline when readings will be rechecked, and determination will be made on if procedures will be continued or paused for OR's that have inappropriate temperature or humidity levels. None was provided.



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## Physical Environment

**Findings:** The ASC failed to provide a safe and sanitary environment for patients in OR #1 in that there was a crack in the floor that was covered by a piece of black adhesive tape.



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## Physical Environment

**Findings:** The ASC failed to perform preventative maintenance (PM) for an ophthalmic operating microscope machine which provides high magnification and specialized lighting for detailed viewing of the eye's structures, ensuring precise surgical maneuvers.



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## Physical Environment

### Detailed Findings:

■ A microscope machine was observed with a label indicating the last preventative maintenance was on 03/12/2021. The DON confirmed the microscope machine was last PM on 3/12/2021. The manufacturer recommends PMs should be performed annually for this machine.



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## Infection Control Program

### Rule/Statute

The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.



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## Infection Control Program

**Findings:** The ASC failed to ensure:

- 1. Staff performed hand hygiene per facility policy and CDC guidelines.
- 2. Staff clean reusable equipment prior to and after use on a patient.
- 3. Staff cleaned the diaphragm of medication vials with a 70% alcohol wipe prior to accessing vial.
- 4. Staff cleaned the IV-line hub with a 70% alcohol wipe prior to accessing hub.



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*Thank  
you*

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