DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

AUTHORIZATION FOR STATE AGENCY AMBULATORY SURGICAL CENTER (ASC) VALIDATION SURVEY

1. NAME AND ADDRESS OF STATE AGENCY	2. NAME AND ADDRESS OF AMBULATORY SURGICAL CENTER CMS CERTIFICATION NUMBER: _____

3. **THIS ASC IS CURRENTLY DEEMED BY (NONE OR MORE THAN 1 MAY BE CHECKED)**

☐ AAAASF ☐ AAAHC ☐ NONE
☐ AOA/HFAP ☐ TJC

4. ***CHECK A OR B; DO NOT CHECK BOTH***

A. ☐ **THIS VALIDATION SURVEY IS BASED ON A SAMPLE SELECTION. CHECK 1 OR 2. DO NOT CHECK BOTH.**

1. ☐ PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY WITHIN 60 CALENDAR DAYS OF _____ *(ENTER AO NAME)* ACCREDITATION SURVEY END DATE.
THE SCHEDULED END DATE OF THE ACCREDITATION SURVEY IS: _____

IF APPLICABLE, CHECK ONE OR MORE OF THE FOLLOWING:

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS CURRENTLY PARTICIPATING, NON-DEEMED FACILITY.

☐ THIS IS AN INITIAL ACCREDITATION SURVEY FOR THIS AO; ASC IS CURRENTLY DEEMED.

2. ☐ THIS IS A MID-CYCLE VALIDATION SURVEY. PLEASE CONDUCT A FULL VALIDATION SURVEY FOLLOWING THE PROTOCOLS AND PROCEDURES FOR A MEDICARE CERTIFICATION SURVEY

SA MUST COMPLETE ALL VALIDATION PACKET DOCUMENTS LISTED IN EXHIBIT 63 FOR ANY FULL VALIDATION SURVEY.

B. ☐ **THIS VALIDATION SURVEY IS BASED ON ALLEGATIONS OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS.** ***CHECK ONE OF THE FOLLOWING:***

☐ POTENTIAL IJ—INITIATE SURVEY WITHIN 2 WORKING DAYS; OR

☐ INITIATE SURVEY WITHIN 45 CALENDAR DAYS

SA MUST NOT NOTIFY THE FACILITY OR AO IN ADVANCE OF THE SURVEY

5. **AREAS TO BE SURVEYED (FOR SAMPLE VALIDATION SURVEYS, CHECK ALL; FOR ALLEGATION SURVEYS, CHECK ALL APPLICABLE CONDITIONS, &, IF APPLICABLE, THE LIFE SAFETY CODE STANDARD):**

☐ 416.25 BASIC REQUIREMENTS
☐ 416.40 STATE LICENSURE LAWS
☐ 416.41 GOVERNING BODY AND MANAGEMENT
☐ 416.42 SURGICAL SERVICES
☐ 416.43 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
☐ 416.44 ENVIRONMENT
☐ 416.44(b) LIFE SAFETY CODE
☐ 416.45 MEDICAL STAFF
☐ 416.46 NURSING SERVICES
☐ 416.47 MEDICAL RECORDS
☐ 416.48 PHARMACEUTICAL SERVICES
☐ 416.49 LABORATORY & RADIOLOGIC SERVICES
☐ 416.50 PATIENT RIGHTS
☐ 416.51 INFECTION CONTROL416.51 INFECTION CONTROL
☐ 416.52 PATIENT ADMISSION, ASSESSMENT & DISCHARGE

6. SIGNATURE OF REGIONAL REPRESENTATIVE	7. REGION	8. DATE

ORIGINAL TO: STATE SURVEY AGENCY
COPIES TO: CMSO/SGC/DACS