



Missouri Department of Health and Senior Services

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Initial Ambulatory Surgery Center (ASC) Licensure Survey Preparedness Checklist

Facility Name:

Project ID Number:

For an initial ASC license to be issued, the facility must be completely ready to offer patient care, and be able to demonstrate full compliance with all regulations. This compliance must be verified by an onsite licensure survey by the Bureau of Ambulatory Care (BAC) prior to the facility being legally permitted to provide any patient services as an ASC. The BAC office must be notified and updated regularly with realistic completion dates of any construction prior to arranging the initial survey. The facility must be fully prepared to demonstrate compliance with all licensure rules as described at the following link: <https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-30.pdf>.

For all items below, and before an onsite survey can be scheduled, the facility should indicate readiness by noting the date each item is to be complete. The dates may be estimated or actual and provided to us at BAC@health.mo.gov one to two months ahead of a potential onsite survey.

____/____ The facility has completed all reviews required by the DHSS Engineering Consultation Unit (ECU) to determine compliance with construction standards as described at 19 CSR 30-30.040, including a final plan approval and typically two site visits by ECU staff. ECU phone number is 573-526-8610. ECU@health.mo.gov.

Date of ECU onsite visit(s) ____/____

- ❖ ____/____ The facility has completed and mailed to BAC its licensure application to be an ASC, including submission of a \$200 licensure fee and addendum which may be found at: <https://health.mo.gov/safety/asc/index.php>. Send the required forms to BAC@health.mo.gov.
- ❖ ____/____ The facility can apply for a Bureau of Narcotics and Dangerous Drugs (BNDD) registration for the facility and that application will be active for 60 days. One issued not for the individual physicians but for the facility itself, as well as proper registration with the DEA. **Be aware that processing of these registrations can take several weeks, and will be issued only after the ASC license has been issued.** BNDD can be reached at 573-751-6321, or online at <http://health.mo.gov/safety/bnnd>.
- ❖ ____/____ For any laboratory tests performed, the facility has obtained a Clinical Laboratory Improvement Act (CLIA) certificate identifying the physician in charge of laboratory services. **Processing of this certificate can take several weeks.** The CLIA program can be contacted at 573-751-6318 or BDS@health.mo.gov.

- ❖ ____ / ____ If radiology services are to be provided, the facility has documentation *in writing* showing that appropriate policies have been developed and training provided for safety, operation and monitoring of the radiology devices. X-ray equipment must be registered with the Missouri Radiation Control Program which can be reached at 573-751-6083, or via email at MRCP@health.mo.gov . For additional information see <http://health.mo.gov/safety/radprotection/>.
 - MRCP Registration# Assigned _____
 - Qualified Expert (QE) in radiation safety must have evaluated radiation shielding and performed a machine performance inspection. QE consultation should be done well before facility opens, as this can take several weeks to schedule. QE name or ID _____ and Date of QE Inspection _____

- ❖ ____ / ____ The facility has obtained and has appropriately stocked **all** routine (non-controlled substances) and emergency medications, and **all** necessary supplies.

- ❖ ____ / ____ All needed equipment and furnishings have been delivered, installed, and checked/inspected as ready for use in patient care, including documentation *in writing* that all clinical equipment has been checked/inspected as ready for use, including:
 - Sterilizers;
 - Emergency/Crash carts;
 - All equipment and instruments used in procedures.

- ❖ ____ / ____ Complete and comprehensive bylaws and rules have been developed, **specific to your facility**, and approved *in writing* for:
 - Medical Staff; (including new appointments recommended by Medical staff and approved by the Governing Body for both membership and privileges) and
 - Governing Body.

- ❖ ____ / ____ Complete and comprehensive policies, **specific to your facility** (not adopted directly from another facility) *in writing* have been approved by the Governing Body for:
 - Nursing services;
 - Medical Records; (including what elements need to be included)
 - Infection Control;
 - Cleaning & Housekeeping;
 - Medication administration;
 - Emergency preparedness;
 - Surgical procedures;
 - Anesthesia;
 - Emergency transfer agreement/protocol;
 - Laboratory services (including which tissues are to be sent to a pathologist)
 - QAPI (Quality Assurance & Performance Improvement) Program, including proper identification of problems, collection of necessary data, routine data analysis and assessment of progress; and
 - Overall facility operations not included above.

- ❖ ____ / ____ Facility has documentation available *in writing* that ALL staff have been oriented and had the necessary in-service education related to routine facility operations and locations of both emergency and routine equipment. Staff is able to demonstrate familiarity with policies and procedures for their position.
- ❖ ____ / ____ Facility has complete personnel files for all nursing and support staff, and all credentialing files for medical staff. All job descriptions have been developed *in writing* and included in each packet. Both criminal background checks and Missouri Employee Disqualification List (EDL) checks have been completed before hire for each employee. For additional information on these requirements see: <http://health.mo.gov/safety/edl/index.php>. **Note:** your facility can meet both parts of this requirement by utilizing the DHSS Family Care Safety Registry. You can reach FCSR by phone at 573-526-1974. For additional information including online access, please see <http://www.health.mo.gov/safety/fcsr/about.php>.
- ❖ ____ / ____ Facility has an established staffing schedule *in writing* to demonstrate that the center will be fully staffed when open.
- ❖ ____ / ____ **Fire, Life Safety, and Mechanical Systems:** Facility has documentation *in writing* for each of the following:
 - ◇ Fire and smoke ratings for carpet, curtains, flooring and interior finish;
 - ◇ Test and balance for the heating and air conditioning to ensure that all areas are receiving the necessary air exchanges per hour and have necessary pressure relationships per table one;
 - ◇ Temperature and humidity monitoring;
 - ◇ Mechanical systems, demonstrating that the systems are in service, tested, and ready for use. Systems as needed to include:
 - Medical gasses,
 - Fire alarm system,
 - Generator, including a list of the items that are supplied by emergency power,
 - Sprinkler system, and
 - Electrical system.

For additional questions contact the Bureau of Ambulatory Care (BAC) at 573-751-1588 or BAC@health.mo.gov.