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

REQUEST FOR VALIDATION OF ACCREDITATION SURVEY FOR AMBULATORY SURGICAL CENTER (ASC)

1. NAME AND ADDRESS OF STATE AGENCY	2. NAME AND ADDRESS OF AMBULATORY SURGICAL CENTER PROVIDER NUMBER
3. HOSPITAL ACCREDITED BY ☐ JCAHO ☐ AAAHC ☐ AAAASF ☐ OTHER _____	4. PLEASE REQUEST COMPLETION OF ☒ CMS-2567

5. ☒ PLEASE DO NOT NOTIFY THE AMBULATORY SURGICAL CENTER (ASC) IN ADVANCE OF YOUR SURVEY.

6. ☐ THIS VALIDATION IS BASED ON A **SAMPLE SELECTION**.
THE DATE OF LAST ACCREDITATION SURVEY WAS _____ . PLEASE CONDUCT A FULL VALIDATION SURVEY BETWEEN 60 DAYS AND 6 MONTHS FROM THE DATE OF THE AO SURVEY. CONFINE THE SURVEY TO THOSE CONDITIONS OF PARTICIPATION FOR WHICH ACCREDITED AMBULATORY SURGICAL CENTERS ARE DEEMED TO MEET.

☐ THIS VALIDATION IS BASED ON **ALLEGATIONS** OF SIGNIFICANT DEFICIENCIES WHICH COULD AFFECT THE HEALTH AND SAFETY OF PATIENTS IN THIS AMBULATORY SURGICAL CENTER. PLEASE CONDUCT A SURVEY WITHIN 45 DAYS AFTER THIS REQUEST, FOR THE PURPOSE OF ASCERTAINING WHETHER THE AMBULATORY SURGICAL CENTER MEETS THE CONDITIONS CHECKED. SURVEY ALL APPLICABLE CONDITIONS, STANDARDS, AND ELEMENTS, INCLUDING LIFE SAFETY CODE.

7. AREAS TO BE SURVEYED *(Check all applicable Conditions; enter all applicable Standards)*

CONDITION(S)	
☐ State Licensure Laws (416.40)	_____
☐ Governing Body (416.41)	_____
☐ Surgical Services (416.42)	_____
☐ Quality Assurance (416.43)	_____
☐ Environment (416.44)	_____
☐ Medical Staff (416.45)	_____
☐ Nursing Services (416.46)	_____
☐ Medical Records (416.47)	_____
☐ Pharmaceutical Services (416.48)	_____
☐ Laboratory & Radiologic Services (416.49)	_____

A COPY OF THE ALLEGATION IS ENCLOSED. A COPY OF THE ALLEGATION WAS PREVIOUSLY FORWARDED TO THE ACCREDITING AGENCY. THE NAME OF THE COMPLAINANT SHOULD NOT BE DISCLOSED UNLESS THERE IS SPECIFIC AUTHORIZATION.

8. SIGNATURE OF REGIONAL REPRESENTATIVE	9. REGION	10. DATE

Form CMS-2802D(1/2002)

ORIGINAL TO: STATE SURVEY AGENCY

COPIES TO: CMS Accreditation Staff
Accreditation Organization