DEPARTMENT OF HEALTH AND HUMAN SERVICES	
HEALTH CARE FINANCING ADMINISTRATION	
// SURVEYOR N	OTES WORKSHEET
Facility Name: he lesson	Surveyor Name:
Facility Name: faller Provider Number: 5288AS	Surveyor Number: 03/80 Discipline: 520
Observation Dates: From 3 · 15 ·	To 3.16.11

## AMBULATORY SURGICAL CENTERS MEDICAL RECORD REVIEW

PATIENT NAME		1	ľ		1		1
							<u> </u>
	Abortion 1st frame	ψ					
HISTORY PHYSICAL	Moone				1	1.	
*pre-op diagnosis	1st kine	al a					
*procedure to be done	1	1					
	10B						
ADMISSION DATA	-80.						
*name, address, date of birth, sex	Hage 29			1			
marital status, race	Sonogra						
*date, time of admission	1/wks ld						
*pre-op diagnosis	1						
-previous medical history	N+P	-					
allergies	6.12.10						
current medications	Ht 5/11 Wt 144#						
past adverse reactions		1 .			] .		
family history	Pt. bleeding	1					
physical exam	appt						
TREATMENT DATA	Regardon	ļ					
*MD, podiatrist, dentist orders	revus.		10.		٠.		
special exams (lab, x-ray, pathology	6-12-10	0000	disa				
*signed informed consent	1300	Sto	iu .				
*evidence advance directive	used	1132	0				
-MD note	Vatana	END	, h				
-nurses notes	Dipiwar	11:4	_'1)	,			
-meds	·	16 H	20				
-TPR	1, '	125	(3)				
-OR record	Lusue review	11/	was				
-anesthesia record	6.26.10						
-consult record	4/gm			,			
surgery site verification							
DRIOR DIGGILLE CO	Bleding, at ind	,					
PRIOR DISCHARGE	at ind.	·m	o. 1				
	at iso	gov					
- in the second	H96 8,3	7 020	1				
anesthesia recovery, risk anesthesia	" 1 A	7 120					
-discharge in 24 hour or transfer	prior \$6B	1 - 1					
discharge to hospital with record	P 1.2						<i>,</i>

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

## SURVEYOR NOTES WORKSHEET

Facility Name:	Surveyor Name:		
Provider Number:	Surveyor Number:	Discipline:	
Observation Dates: From	To		

## AMBULATORY SURGICAL CENTERS MEDICAL RECORD REVIEW

CON'T PRIOR DISCHARGE	Pt. jeg	10-00			•		
-verbal/written instruction post-op care and procedure for obtaining	1/3 way	true.	70				
emergency care -written acknowledgement of written discharge instructions	funda	mar	guer	×2	4000	- blee	dr
Notification of malpractice	toling,	d- lo	le rev Colle	roned for	began It to C	leula	0
advance directives	Clare	ĘD.					
Complications or adverse events	Wedire	1					
written information for obtaining appoi	ntment						
legible and documented in accordance with acceptable standards of practice				•			·
informed consent prior surgery	Sieved by			·			
Discharge with responsible adult.	50						
:							