

PRINTED: 11/08/2010  
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  870246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/08/2010
NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2506 N SHEPHERD DR HOUSTON, TX 77008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 000	<p>25 TAC 135 Ambulatory Surgery Centers</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An unannounced visit was made to the above named facility on the morning of 11/4/10 to conduct a Re-Licensure inspection to determine compliance with 25 TAC Chapter 135 State Licensing Rules for Ambulatory Surgical Center (ASC).</p> <p>An entrance conference was conducted with the Clinic Manager. The purpose of the visit and procedure for the inspection was discussed.</p> <p>An exit conference was conducted on the afternoon of 11/5/10 with the Clinic Manager. Findings and determination of the inspection was discussed. The Clinic Manager was given an opportunity to provide additional information and ask questions. Deficiencies were cited. Information to complete and submit an acceptable plan of correction was given verbally and in writing.</p>	T 000	<p>SOD Acceptable</p> <p>REVIEW POC'S RETURN TO MR. WILRIDGE</p> <p>REVIEW ON 12-6-10</p> <p>Rec'd NOV 29 2010 HFC-Houston</p>		
T 149	<p>135.6(b)(2) ADMINISTRATION OF A LICENSED ASC</p> <p>(b) Personnel policies shall be established and implemented to facilitate attainment of the mission, goals, and objectives of the ASC. Personnel policies shall:</p> <p>(2) require the employment of personnel with</p>	T 149	<p>Staff R.N. is scheduled for CPR and ACLS class on 11/20/2010. R.N. has been instructed that CPR must be current in order to work. A copy of the current CPR card will be kept in the employee's file to be audited annually by clinic director. ✓</p>	<p>Immediately Nov. 9 R.N. Instructed 2010</p>	

SOD - State Form

LABORATORY STATE FORM

IDENTITY'S SIGNATURE

DATE

11-19-10

If continuation sheet 1 of 10

8245 023

STATEMENT OF DEFICIENCIES		LSC IDENTIFYING INFORMATION		A. BUILDING _____ B. WING _____		COMPLETED
		870248				11/05/2010
NAME OF PROVIDER OR SUPPLIER <b>TEXAS ASC INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2506 N SHEPHERD DR HOUSTON, TX 77008</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
T 149	Continued From page 1 qualifications commensurate with job responsibilities and authority, including appropriate licensure or certification;  This Requirement is not met as evidenced by: Based on record review and interview one registered nurse (ID# 55) failed to maintain current cardiopulmonary certification (CPR).  Findings include:  Record review of the personnel file for registered nurse ID# 55 revealed her CPR certification expired August 2010.  An LVN (ID# 51) acknowledged 11/5/10 at 10 a.m. that the registered nurse did not have a current CPR certification but was scheduled to take a CPR course.  Record review of the job description for staff member #55 revealed qualifications included "Current CPR certification."	T 149				
T 231	135.10(c) FACILITIES AND ENVIRONMENT IN A LIC ASC  (c) Facilities shall be clean and properly maintained.  This Requirement is not met as evidenced by: Based on observation, interview, and record review the ambulatory surgery center (ASC) failed to ensure: 1) Two of two treatment rooms, the scrub sink, and the crash cart were free of dust 2) Two Red Biohazard boxes in the dirty utility closet were covered once bloody supplies were	T 231	A non medical employee will do the weekly cleaning of the facility, excluding the patient care areas. OR staff will be responsible for daily and weekly terminal cleaning of the patient care areas.	Implemented Nov. 9 2010		

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2506 N SHEPHERD DR HOUSTON, TX 77008		
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T 231	Continued From page 2 discarded 3) Clean mop bucket water in a utility closet 4) Betadine and Septisol bottles were kept off the floor in treatment room #'s 1 & 2.  Findings include:  Observation 11/4/10 at 8:30 a.m. revealed the following:  1) Heavy dust / lint build-up in the following areas: -Treatment room #1: top of the anesthesia cart and the top of the cardiac monitor -Treatment room #2: top of the cardiac monitor -Top of the scrub sink in the hallway -Top of the crash cart in the hallway  2) Two Red Biohazard Boxes in the dirty utility closet were not covered. The Biohazard boxes were 1/2 full of bloody supplies	T 231	The cleaning guidelines for the patient care areas will be placed in the Policy and Procedure manual by December 31, 2010. A cleaning log and a physical inspection of the patient care areas will be performed daily by the clinic director to ensure compliance with proper cleaning. This will be implemented immediately. Inservices will be performed in November by the Clinic Director and the R.N. to reinforce staff is adequately trained to follow Policy and Procedures for cleaning.	Implemented Immediately Nov. 9  Policy and Proc. Dec.31  2010
	3) In a utility closet was a mop sitting in a bucket of brown colored water.  4) A plastic bottle of betadine and Septisol were sitting on the floor in treatment room #2.  Interview 11/4/10 at 9 a.m. with nurse ID# 52 revealed the facility does not have a contract cleaning service and the facility staff were responsible for cleaning the ASC each Thursday. The nurse further stated the Red Biohazard Boxes should be covered.  Record review of the policy and procedure manual dated 1/8/09 revealed no policy regarding the procedure for cleaning of the ASC.			

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 N SHEPHERD DR HOUSTON, TX 77008		
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T 259	Continued From page 3	T 259			
T 259	<p>135.11(b)(12)(A-D) ANESTHESIA &amp; SURGICAL SVCS IN A LIC ASC</p> <p>(12) Written policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies shall be developed, implemented and enforced. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing, and sterilization of critical items (reusable items), as well as for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.</p> <p>(A) Policies and procedures shall be developed following standards, guidelines, and recommendations issued by the Association of periOperative Registered Nurses (AORN), the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC) and, if applicable, the Society of Gastroenterology Nurses and Associates (SGNA). Standards, guidelines, and recommendations of these organizations are available for review at the Department of State Health Services, Exchange Building, 8407 Wall Street, Austin, Texas. Copies may also be obtained directly from each organization, as follows: AORN, 2170 South Parker Road, Suite 300, Denver Colorado, 80231, (800) 755-2878; APIC, 1275 K Street, Northwest, Suite 1000, Washington, District of Columbia, 20005-4008, (202)789-1890; CDC, 1600 Clifton Road, Atlanta, Georgia, 30333, (800) 311-3438; SGNA, 401 North Michigan Avenue, Chicago, Illinois, 60611-4267, (312) 321-5165.</p> <p>(B) Policies and procedures shall also address proper use of external chemical indicators and biological indicators.</p> <p>(C) Performance records for all sterilizers shall be maintained for a period of six months.</p>	T 259	<p>In November the staff will be given an inservice and competency testing by the Clinic Director and R.N. on infection control, decontamination, disinfecting, and instrument sterilization specific with manufacturer recommendations of disinfecting contaminated instruments with Cavicide. Inservices will be repeated annually. Specific procedures for instrument decontamination and sterilization will be added to the Policy and Procedure manual and posted in the decontamination room.</p> <p>Timer and containers obtained for sterilization and will be implemented immediately.</p>	<p>Immediately Inservice Nov. 17,</p> <p>Procedure Posted Nov. 30</p> <p><i>Complete Dec. 31 2010</i></p>	

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2506 N SHEPHERD DR HOUSTON, TX 77068		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 259	Continued From page 4  (D) Preventive maintenance of all sterilizers shall be completed according to manufacturer's recommendations on a scheduled basis. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least one year and shall be available for review to the facility within two hours of request by the department.  This Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop infection control policy based on professional standards that instruct staff on proper procedure for cleaning contaminated instruments and equipment; Failed to instruct staff acceptable method of removing contaminated instruments from the procedure room; Failed to instruct staff on hand washing procedures; And failed to ensure staff follows the manufacturer's instruction for the use of CavaCide as a disinfectant for contaminated instruments. Two (2) of two (2) Medical Assistants.  Findings:  Observation on 11/4/10 at 1:25 pm in the room designated for "dirty" instruments the following observation was made:  Staff # 52 Medical Assistant, wheeled an uncovered cart with used instruments, suction tubing, disposable towels and other blood stained debris into the room. Staff # 52 went into the operating room and did not change her gloves and wash her hands. Staff # 52 later came	T 259		Immediately Nov. 8 Interview Nov. 17  Implemented Immediately Nov. 8 Interview/training Nov. 17 Complete 2010  Immediately Staff instructed Nov. 8 Interview/training Nov. 17 2010	

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2808 N SHEPHERD DR HOUSTON, TX 77068		
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T 259	Continued From page 5  back into the cleaning room removed her gloves and washed her hands at the dirty sink.  Staff # 54 Sterilization Technician was demonstrating to the Surveyor the procedure for cleaning contaminated instruments, she held a few instruments under running water. Sprayed Cavicide solution on the instruments which had visible blood and tissue particles in the crevices. She immediately washed the instruments in a cleaning solution (Maxzyme Solution), placed the instruments in an unlabeled container with a white solution for a few seconds, then removed the clean instruments with her dirty gloves and set them on a clean towel.  During the procedure Staff # 54 explained that the CaviCide was a solution used to disinfect the instruments and that the solution should be on the instrument for Two (2) minutes. The staff further stated the white solution was instrument softer. The Staff had no timer or clock to determine the correct contact time for the disinfectant to be effective.	T 259	Containers and timer in place. Staff instructed. Inservice and training Nov. 17	Nov. 17 Inservice Training  2010
	Further observation on 11/4/10 at 1:35 pm Staff # 54 was cleaning the instrument tray after she removed all the soiled equipment from the top shelf, she did not remove the unopened packages from the bottom shelf prior to cleaning the tray. There was a large splatter of blood on the top shelf of the tray Staff # 54 sprayed the area with a disinfectant solution and proceeded to wipe from the bloody area to the clean area spreading blood all over the tray.  The staff removed the unopened instruments after the Surveyor brought it to her attention that the unopened packages were also contaminated. There was an obvious blood mark on one of the			

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2506 N SHEPHERD DR HOUSTON, TX 77008	

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T 259	<p>Continued From page 6</p> <p>packages.</p> <p>Review of the instruction written on the CaviCide container revealed the following instructions for use: " For use as a pre-cleaning decontaminant spray, place instruments in a container and spray CaviCide so as to completely drench all instrument surfaces and remain visibly wet for 30 seconds. As a disinfectant wait three (3) minutes.</p> <p>During an interview on 11/4/10 at 1:58 pm with Staff # 54 she stated she had training as a Sterilization Tech.</p> <p>During an interview on 11/5/10 at 9:40am with the Clinic Manager Staff # 51, she stated she staff were trained on infection control measures and retraining would be implemented.</p> <p>Review of the facility's policy/procedure dated 1/5/10 revealed there were no instructions for preparing instruments for sterilization. Review of personnel file for staff # 54 revealed she was hired in the facility since 2008. There was no evidence she had a competency evaluation for 2010.</p>	T 259	<p>Inservice/training Nov. 17,2010 Timer and containers in use. Staff instructed Nov. 9,2010</p> <p>Procedures being implemented for Policy and Procedure Manual and will be posted in sterilization area.</p>	<p>Immediately Nov. 9,2010 initiated inservice/training Nov. 17</p> <p>2010</p> <p>Complete date Dec. 31,2010 ✓</p>
T 301	<p>135.15 (a)(2)(A-D) NURSING SERVICES IN A LICENSED ASC</p> <p>(a) Nursing services. (2) There shall be a written plan of administrative authority for all nursing services with responsibilities and duties of each category of nursing personnel delineated and a written job description for each category. The scope of nursing service shall include, but is not limited to, nursing care rendered to patients preoperatively, intraoperatively, and postoperatively.</p>	T 301		

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NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2586 N SHEPHERD DR HOUSTON, TX 77068		
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T 301	Continued From page 7  (A) The responsible individual for nursing services shall be a qualified registered nurse (RN) whose responsibility and authority for nursing service shall be clearly defined and includes supervision of both personnel performance and patient care. (B) There shall be a written delineation of functions, qualifications, and patient care responsibilities for all categories of nursing personnel. (C) Surgical technicians and licensed vocational nurses may be permitted to serve in the scrub nurse role under the direct supervision of an RN; they shall not be permitted to function as circulating nurses in the operating rooms. Licensed vocational nurses, and surgical technicians may assist in circulatory duties under the direct supervision of a qualified RN. (D) Nursing services shall be provided in accordance with current recognized standards or recommended practices.	T 301	Medical Staff rules will be amended immediately to address the need for direct R.N. supervision in the O.R. The Clinic Director has developed a relationship with a nursing agency in order to have R.N. coverage at all times when patients are in the facility in the event the regular R.N. is not available. The Director will be responsible for ensuring the policy is adhered to.	Immediately Nov. 9, 2010	
	This Requirement is not met as evidenced by: Based on observation, interview, and record review the ambulatory surgery center (ASC) failed to ensure a surgical technician and a licensed vocational nurse serving in the scrub nurse role were under the direct supervision of a Registered Nurse.  Findings include:  Observation 11/3/10 from 8:30 a.m. to 3:00 p.m. revealed staff on duty include an (LVN) Licensed Vocational Nurse, (ID# 51), a medical assistant (ID# 52), a Certified Registered Nurse Anesthetist				



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STATEMENT OF DEFICIENCIES (BY DATE OF SURVEY)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  870246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/05/2010
NAME OF PROVIDER OR SUPPLIER  TEXAS ASC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 N SHEPHERD DR HOUSTON, TX 77008		
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T 301	Continued From page 8  (ID# 53) providing anesthesia services, and a physician (ID# 50).  The LVN (ID# 51) acknowledged 11/3/10 at 9:30 a.m. the Registered Nurse scheduled to work on 11/3/10 had called in sick. The LVN also reported that 16 patients were scheduled for procedures on 11/3/10.  Record review of "Medical Staff Rules and Regulations" (no date) stated "The recovery room at the facility must be supervised by a physician, midlevel provider, or registered nurse." The Medical Staff Rules did not address the need for direct RN supervision in the operating rooms.	T 301	Implemented Nov. 9, 2010	Completed Nov. 9, 2010	
T 374	135.41(c) (3) FIRE PREVENTION AND INSPECTION  (3) Fire drills. The ASC shall conduct at least one fire drill per shift, per quarter. Each drill shall include the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, discussion with patients, visitors, other occupants, employees and staff about the evacuation plan. Written reports shall be maintained to include evidence of staff and patient participation. Fire exit drills shall incorporate the minimum requirements of NFPA 101, §§20.7.1.2 through 20.7.2.3.  This Requirement is not met as evidenced by: Based on record review and interview the ambulatory surgery center (ASC) failed to document evidence of staff and patient participation in quarterly fire drills for 2009 and 2010.	T 374			

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		870246		A. BUILDING _____ B. WING _____		11/05/2010	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
TEXAS ASC INC				2508 N SHEPHERD DR HOUSTON, TX 77098			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
T 374	Continued From page 9 Findings include:  Record review of the ASC's quarterly fire drill logs for 2009 and 2010 revealed the logs failed to document staff and patient participation. The log only stated that the drills were "Satisfactory."  Record review of the ASC's "Fire Plan" (no date) stated "Critique: The Safety Officer should evaluate the performance of the drill. The Safety Officer should also attach a written critique of the drill and list participants of the fire alarm report. The Administrator and the Safety Officer will review the written evaluation."  The LVN (ID# 51) acknowledged 11/5/10 at 10:30 a.m. she was not aware that a written evaluation of the fire drills should be documented.	T 374	Beginning with next quarter's fire drill, fire drill will take place with staff and patient participation. These will be fully documented by the Clinic Director with a critique of each drill reviewed quarterly by the QA Committee.	Complete Date 11/31/2010			