

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) LICENSE NUMBER

7003183

SURVEYOR ID

40079, 15168

(X3) DATE SURVEY COMPLETED

07/18/2018

NAME OF FACILITY

Western Diversey Surgical Center

STREET ADDRESS, CITY, STATE, ZIP CODE

2744 N. Western Ave, Chicago, Illinois, 6047

(X4)

PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY SHOULD BE PRECEDED BY FULL  
REGULATORY IDENTIFYING INFORMATION)PREFIX  
TAGPLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)(X5)  
COMPLETION  
DATE

000

A licensure complaint investigation was conducted for complaint #182340 on 07/18/2018, at Western Diversey Surgical Center in Chicago, Illinois. The Facility was in compliance with Title 77: Public Health Chapter I: Department of Public Health Subchapter b: Hospital and Ambulatory Care Facilities Part 205 Ambulatory Surgical Treatment Center Licensing Requirements Section 205.710 Pregnancy Termination Specialty Centers, for this survey.

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

TITLE

DATE

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) LICENSE NUMBER

7003183

SURVEYOR ID

19840/36774

(X3) DATE SURVEY COMPLETED

8/30/17-8/31/17

NAME OF FACILITY

Western Diversey Surgical

STREET ADDRESS, CITY, STATE, ZIP CODE

2744 N Western Ave, Chicago, IL 60647

(X4)

PREFIX  
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SUMMARY STATEMENT OF DEFICIENCIES  
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CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)

(X5)  
COMPLETION  
DATE

A000

A licensure survey was conducted on 8/31/17. The Facility was not in compliance with TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES PART 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS, as evidenced by:

85  
16/11/17

AGENCY MANAGER/REPRESENTATIVE SIGNATURE

7(1)(b)

TITLE

Administrator

DATE

10/6/17

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) LICENSE NUMBER	SURVEYOR ID	(X3) DATE SURVEY COMPLETED
	7003183	19840/36774	8/30/17-8/31/17

NAME OF FACILITY  
Western Diversey SurgicalSTREET ADDRESS, CITY, STATE, ZIP CODE  
2744 N Western Ave, Chicago, IL 60647

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A028	<p>205.410 d) d) The facility shall have written procedures to assure the safety in storage and use of all narcotics and medications in accordance with State and federal law. This Regulation is not met as evidence by:</p> <p>A. Based on observation, document review, and interview, it was determined that for 1 of 2 (Operating Rooms/OR #2) anesthesia carts, the Facility failed to ensure that the medications were kept secured as required by policy. This potentially affected an average census of 90 patients per month.</p> <p>Findings include:</p> <p>1. On 8/30/17, at approximately 9:45 AM, an observational tour of the Facility's OR #2 was conducted. The anesthesia cart, containing medications such as intravenous hydralazine (antihypertensive), succinylcholine (used to relax muscle during surgery), and intravenous diphenhydramine (used for allergic reaction), was found unlocked. OR #2 was not being used for any procedure on 8/30/17.</p> <p>2. On 8/30/17 at approximately 11:00 Am, the Facility's policy titled "Medication Policy" (reviewed 6/17) was reviewed. The policy required, "... H. Security: 1. Medications... should be kept locked..."</p> <p>3. On 8/30/17 at approximately 9:45 AM, an interview was conducted with E #1 (Administrator). E #1 stated that OR #2 was not scheduled for procedures and the medication cart should be locked.</p>		<p>A028- The cart was found unlocked at time of inspection and was corrected immediately by the Anesthesiologist. Cart was then locked. Staff was reminded to keep the cart locked at all times when not in use for the safety of patients and employees.</p> <p><i>Administrator monitoring daily.</i></p>	8/30/17

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

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# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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205.410 d) continued...

A001

B. Based on observation, document review and interview, it was determined that the Facility failed to ensure sterile supplies were stored separately from non-sterile items as required by policy. This potentially affected an average census of 90 patients per month.

Findings include:

1. On 8/30/17 at approximately 9:30 AM, an observational tour of the Facility's recovery room area was conducted. A storage cabinet was observed containing several unopened intravenous fluids along with 1 box of crackers and 6 boxes of Ocean Spray canned apple juice.
2. On 8/30/17 at approximately 10:30 AM, the Facility's policy titled "Infection Control Plan" (revised 7/17/) was reviewed. The policy required, "... A. General Precautions... 7. Sterile supplies are kept separate from non-sterile supplies..."
3. On 8/30/17 at approximately 9:35 AM, the above finding was discussed with the Registered Nurse (E #2). E #2 stated that the box of crackers and apple juice should have been kept separately from the intravenous fluid.

A001

Food was being stored in the wrong cabinet and Staff was instructed to move it immediately To the proper designated location which it Was done. Staff was reinstructed on proper Storage location.

Administrator monitoring daily

8/30/17

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

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A061

205.540 f)

f) Patients shall be discharged only on the written signed order of a physician. The name, or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record. This Regulation is not met as evidence by:

Based on document review and interview, it was determined that for 1 of 20 (Pt. #1) clinical records reviewed, the Facility failed to ensure that the physician's discharge order was signed as required by policy.

Findings include:

1. On 8/30/17 at approximately 10:00 AM, the clinical record of Pt. #1 was reviewed. Pt. #1 was a 36 year old male with a diagnosis of lumbar disc herniation, and underwent a right sacroiliac (joint connecting pelvis to lowest part of the spine) steroid injection. Pt. #1's discharge order lacked the signature of the discharging physician.

2. On 8/30/17 at approximately 3:00 PM the Facility's policy titled, "... Discharge Criteria" (reviewed 6/17) was reviewed. The policy required, "... The patient is discharged upon orders from the physician..."

3. On 8/30/17 at approximately 3:10 PM, the Facility's, "Medical Staff Bylaws" (reviewed (6/17) was reviewed and required, "... All orders for treatment... will be in writing... A... order will be considered in writing if... signed by the attending Medical Staff person."

3. On 8/30/17 at approximately 3:30 PM, the findings were discussed with the Administrator (E #1). E #1 stated that the discharge order should be signed by the physician.

A061

1 out of 20 charts was missing a signature from  
The physician on the discharge page. The Dr.  
Was notified and he came to sign the chart. He  
Was reminded that all charts must be fully signed  
Prior to the patient being discharged after the procedure.

Nurse manager and administrator  
monitoring daily.

08/30/17

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

7(1)(b)

TITLE

Administrator

DATE

10/6/17

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A063

205.550.a)

a) Each ASTC shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers and visitors.

This Regulation is not met as evidence by:

A063

Based on observation, document review, and interview, it was determined that for 2 of 3 (E #2/registered nurse and E #3/medical assistant) personnel observed in the surgical restricted area, the Facility failed to ensure adherence to the surgical attire as required.

Findings include:

1. On 8/30/17 at approximately 9:45 AM, an observational tour of the Facility's surgical restricted area was conducted. During the tour, the following were observed:

- E#2 was wearing earrings and her hair was exposed approximately 3-4 inches at the back.
- E #3 was not wearing a head cap and shoe covers.

2. On 8/30/17 at approximately 11:00 AM, the Facility's policy titled "Dress Code for the Surgical Suite" (reviewed 6/17) was reviewed and required, "... A. All personnel entering the restricted area of the surgical suite must be in surgical attire... 2. Cap or hood... 4. Shoe covers. B. All possible head... hair will be covered while in the ... restricted area of the surgical suite... G. All jewelry should be removed..."

3. On 8/30/17 at approximately 9:50 AM, findings were discussed with E #1. E #1 stated that E #2's hair should not be exposed and should not be wearing earrings. E #1 added that E #3 should have been wearing a cap and shoe covers while in the surgical restricted area.

2 employees were improperly dressed during the Site visit and were instructed on the spot of Their deficiencies and was instructed on immediate Correction. Employees were asked to read the dress Code policy and were given warnings for not having proper dress. Other employee was shown how to wear the cap with all hair in the cap and no jewelry.

Nurse manager and administrator monitoring daily.

08/30/17

AGENCY MANAGER/REPRESENTATIVE SIGNATURE

7(1)(b)

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10/6/17

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205.410 d) continued...

A001

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Findings include:

1. On 8/30/17 at approximately 9:30 AM, an observational tour of the Facility's recovery room area was conducted. A storage cabinet was observed containing several unopened intravenous fluids along with 1 box of crackers and 6 boxes of Ocean Spray canned apple juice.
2. On 8/30/17 at approximately 10:30 AM, the Facility's policy titled "Infection Control Plan" (revised 7/17/) was reviewed. The policy required, "... A. General Precautions... 7. Sterile supplies are kept separate from non-sterile supplies..."
3. On 8/30/17 at approximately 9:35 AM, the above finding was discussed with the Registered Nurse (E #2). E #2 stated that the box of crackers and apple juice should have been kept separately from the intravenous fluid.

Food was being stored in the wrong cabinet and  
Staff was instructed to move it immediately  
To the proper designated location which it  
Was done. Staff was reinstructed on proper  
Storage location.

Administrator monitoring daily

8/30/17

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AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

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205.550 a)

a) Each ASTC shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers and visitors. This Regulation is not met as evidence by:

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2 employees were improperly dressed during the Site visit and were instructed on the spot of Their deficiencies and was instructed on immediate Correction. Employees were asked to read the dress Code policy and were given warnings for not having proper dress. Other employee was shown how to wear the cap with all hair in the cap and no jewelry.

Nurse manager and administrator monitoring daily.

08/30/17

AGENCY MANAGER'S SIGNATURE

7(1)(b)

TITLE

Administrator

DATE 10/6/17



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

January 15, 2016

Renlin Xia, Administrator  
Western Diversey Surgical Center  
2744 North Western Avenue  
Chicago, IL 60647-

Re: Western Diversey Surgical Center  
Chicago  
Licensure survey

Dear Renlin Xia:

On 01/14/16, a life safety code licensure monitoring survey was conducted at the above Ambulatory Surgical Treatment Center to verify completion of your Plan of Correction received on 09/12/14. All previously cited deficiencies have been corrected, therefore, the facility is no longer under monitoring.

If you have any questions, please do not hesitate to call us at 217/785-4247. The Department's TTY # is 800/547-0466, for use by the hearing impaired.

Sincerely,

**7(1)(b)**

Henry Kowalenko, Division Chief  
Division of Life Safety and Construction

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>7000037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTERN DIVERSEY SURGICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2744 NORTH WESTERN AVENUE CHICAGO, IL 60647</b>
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{L 000}	<p><b>Initial Comments</b></p> <p>On March 24, 2015 a follow up to the Life Safety portion of an Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility by Surveyor 17659. The survey was based on the revised plan of correction dated October 24, 2014.</p> <p>On July 16, 2014 a follow up to the Life Safety portion of an Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility by Surveyors 12798 and 17659. The survey was based on the plan of correction received on 3/10/14.</p> <p>On August 27, 2013 the Life Safety portion of an Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility by Surveyor 13755. He was accompanied during the survey walk-through by the provider's Nurse Managers and maintenance personnel.</p> <p>The facility is a single story building determined to be of minimum Type II (000) construction type and fully sprinklered.</p> <p>The facility was surveyed as an existing Ambulatory Health Care Occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 21 and the 77 IL Administrative Code 205, Ambulatory Surgical Treatment Center Licensing Requirements.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited</p>	{L 000}		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>7000037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WESTERN DIVERSEY SURGICAL CENTER**

**2744 NORTH WESTERN AVENUE  
CHICAGO, IL 60647**

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{L 000}	<p>Continued From page 1</p> <p>herein were found through random observation during the survey walk-through, staff interview, or document review.</p> <p>The Licensing requirements are NOT MET as evidenced by the deficiencies cited under the following L-Tags.</p> <p>On January 14, 2016 a follow up to the Life Safety portion of an Ambulatory Surgical Treatment Center Annual Licensure Survey was conducted at the above facility. All remaining deficiencies were observed to be corrected and no new deficiencies cited.</p>	{L 000}		



# IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

January 15, 2016

Renlin Xia, Administrator  
Western Diversey Surgical Center  
2744 North Western Avenue  
Chicago, IL 60647-

Re: Western Diversey Surgical Center  
Chicago  
Electrical system upgrade (POC)  
IDPH No: 10175

Dear Renlin Xia:

Based on the evaluation of the physical plant and life safety standards, the above has been approved for use. The Department's file for this project will be closed.

As required for the entire facility, this unit must be operated and maintained in accordance with the requirements of the Hospital Licensing Act (210 ILCS 8/1 et. seq.) and the Department's rules entitled Hospital Licensing Requirements (77 Ill. Adm. Code 250). For eligibility for Medicare reimbursement, the unit must be operated and maintained in accordance with the federal Conditions of Participation for hospitals (42 CFR 482.1 et. seq.).

If you have any questions about this approval, please do not hesitate to call us at 217/785-4247. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

**7(1)(b)**

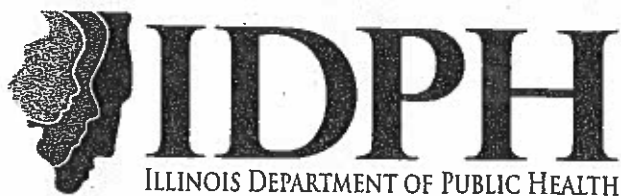
Henry Kowalenko, Division Chief  
Division of Life Safety and Construction

Cc: Anastasios Tsakiridis  
A. Tsakiridis Architect & Associates  
1008 Weathersfield Way  
Schaumburg, IL 60193-

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525-535 West Jefferson Street • Springfield, Illinois

November 14, 2016

American Women's Medical Group  
2744 North Western Avenue  
Chicago, IL 60647

Dear Administrator:

The Department received a concern in regards to your agency's advertisement as to the location in which the surgical procedure of Dilation and Evacuation is being performed. The web page for American Women's Medical Center provides information of surgical abortions including suction curettage or dilation and evacuation as being provided at one of the locations listed on the website. In reviewing the license renewal applications for licensed ambulatory surgical treatment centers- Western Diversey Surgical Center at 2744 North Western Avenue, Chicago, IL 60647 and Fullerton Kimball Medical Center at 3409 W Fullerton Ave. Chicago, IL 60647, neither renewal application has dilation and evacuation listed as an approved surgical procedure by the agency's Consulting Committee. As per section 205.130 a)

- a) The list of surgical procedures performed by a center shall be included in the application as provided in Section 205.120 and in the renewal application as provided in Section 205.125. All surgical procedures to be performed in a facility must be approved by the facility's Consulting Committee prior to their performance, and annually reviewed and reapproved. Documentation of the approval must be submitted with the initial and renewal applications.

Please respond in writing to this office no later than 15 days after receipt of this letter. Please identify which agency is providing this surgical service and send a copy of the consulting committee's approval for this service at the licensed ambulatory surgical treatment center. If you have any questions regarding this request, please address your concerns to the Illinois Dept. of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4<sup>th</sup> Floor, Springfield, Illinois 62761-0001, or feel free to call myself at 217/ 782-0381. The Department's TTY number is 800/ 547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b)

Karen Senger, RN, BSN  
Division Chief  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health

U.S. Postal Service  
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

016 0340 0001 1775 6970

7016 0340 0001 1775 6970

# WESTERN DIVERSEY SURGICAL CENTER

2744 N. Western Avenue, Chicago, IL 60647 | 773-772-7726

RECEIVED OHCR HCF&P  
2016 NOV 29 P 12:17

**November 25, 2016**

Karen Senger, RN, BSN  
Division Chief  
Illinois Department of Public Health  
525-535 West Jefferson Street  
Springfield, Illinois 62761-0001

**Dear Ms. Senger:**

This letter in response to your inquiry dated November 14, 2016. We want to thank you for bringing to our attention the error in omission of the dilation and evacuation from our renewal applications. This and all other procedures were approved by our consulting committee but left off the list in a clerical error. We have since notified the consulting Committee of the error and they have amended the meeting minutes to reflect their approval and agreement to perform dilation and evacuation procedures at the Western Diversey Surgical Center. We will also add D&E to the license renewal application for 2017.

Please see the attached amended Consulting Committee meeting minutes.

Sincerely,

**7(1)(b)**

Dr. Renlin Xia  
President & Chief Medical Officer

## CONSULTING COMMITTEE

The consulting committee met on Wednesday November 23, 2016

RECEIVED OHCR HCF&P

2016 NOV 29 P 12: 17

Members Present: Josephine Kamper, M.D.  
Renlin Xia, M.D.  
Marie Frukacz  
Perla Anicete, R.N.

7(1)(b)

The consulting committee was called to order by Renlin Xia, M.D. Medical Director at 10:00 a.m.

It was brought to our attention by IDPH that D&E was omitted in our application for renewal license.

The consulting committee amended and approved D&E as one of the procedures being performed at Western Diversey Surgical Center 2744 N. Western Avenue Chicago, Illinois. D&E will be added to procedures that are approved by the committee on the renewal license application in 2017.

MEETING WAS ADJOURNED AT 10:30 a.m. by Dr. Renlin Xia, Director

## CONSULTING COMMITTEE

The consulting committee met on Monday January 11, 2016

Members Present: Josephine Kamper, M.D.  
Renlin Xia, M.D.  
Marie Frukacz  
Perla Aniciete, R.N.

7(1)(b)

7(1)(b)

The consulting committee was called to order by Renlin Xia, M.D. Medical Director at 1:00 p.m.

The committee reviewed pathology reports on procedures performed at Western Diversey Surgical Center. The following patients were notified for abnormal pathology. Dr. Renlin Xia found no need to make any changes.

Oct 30<sup>th</sup> #2

Nov 0

Dec 0

Number of procedures requiring subsequent hospitalization: 0

Complications requiring additional treatment: 0

Number of uterine perforations: 0

Number of lacerated cervix: 0

Number of ectopic pregnancies: 0

Number of post-surgical infections reported:

Weekly reports are still being sent to IDPH regarding type of anesthesia that is used for all surgeries.

### **The Following Procedures have been approved:**

Endometrial Biopsy  
Dilatation and Curettage  
D & C with Vacuum Aspiration  
D&E  
Open Laparoscopy Tubal Ligation  
Cervical Conization

Laser of genital warts  
Colposcopy with Biopsy  
Polypectomy  
Treatment of Condylomata Acuminata  
Biopsy of Vaginal Vulvar Lesions  
Bartholin's Gland Cyst Marsupialization  
Cystoscopy  
Diagnostic Laparoscopy  
Operative Laparoscopy  
Hernia Repair  
Vein Ligation and Stripping  
Hemorrhoidectomy  
Incision and Drainage of Abscess  
Excision Repair of Skin Lesion  
Breast Biopsy  
Excision of Unknown Soft Tissue Mass  
Removal of Screws  
Knee Arthroscopy  
Release of Carpal Tunnel Syndrome  
Release of Trigger Finger  
Ankle Arthroscopy  
Arthroplasty / Phalangectomy  
Bunionectomy  
Plantar Fasciotomy  
Tenotomy  
Laser of Plantar Warts  
Regional Anesthesia  
Epidural Injection  
Facet joint Injections  
Sacroiliac Joint Injections  
Lumbar and Cervical Discogram  
Vertebroplasty  
Disc Decompression  
Kyphoplasty  
Colonoscopy  
Esophagogastroduodenoscopy

MEETING WAS ADJOURNED AT 3:30 p.m. by Dr. Renlin Xia, Director