

## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Randall W. Williams, MD, FACOG Director

Eric R. Greitens Governor

May 12, 2017

Mary Kogut Reproductive Health Services / Planned Parenthood 4251 Forest Park Avenue Saint Louis, MO 63108

RE: Complaint # MO00126207 Survey

Dear Mary Kogut:

The results of the recent survey conducted on *May 1, 2017* indicate that your facility is in compliance with the State Licensure regulations for abortion clinics in Missouri.

Please retain this material for your own records.

We welcome any questions at 573-751-6083.

Respectfully,

John Langston, MBA

Administrator

Bureau of Ambulatory Care

Phone: 573-751-6083 Fax: 573-751-6158

Enclosures

www.health.mo.gov

PRINTED: 05/12/2017 **FORM APPROVED** Missouri Department of Health and Senior Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ С B. WING MOA-0014 05/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4251 FOREST PARK AVENUE** REPRODUCTIVE HEALTH SERVICES / PLANNI SAINT LOUIS, MO 63108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 000 Initial Comments L 000 An investigation was conducted from 04/04/17 sporadically through 05/01/17 for the purpose of review for one complaint in relation to the Missouri Regulations for Abortion Facilities. Complaint #MO00126207 was found to be unsubstantiated with no deficiencies. The facility was found to be in substantial compliance with the rules and regulations for abortion facilities found at 19 CSR 30-30.060.

Missouri Department of Health and Senior Services LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE