Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MOA-0014	A. BUILDING: _____ B. WING _____	C 11/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REPRODUCTIVE HEALTH SERVICES / PLANNI	4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108

(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
L 000	Initial Comments An investigation was conducted from 11/07/16 to 11/08/16 for the purpose of review for 1 complaint in relation to the Missouri Regulations for Abortion Facilities. Complaint #MO00120615 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.	L 000		