AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:				
		MOA-0014			01/21/2014	
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, STATE, ZIP CODE			
REPRODUCTIVE HEALTH SERVICES / PLANNI SAINT LOUIS MO. 62108						
SAINT LOUIS, MO 03100						
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	(EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE	
L 000	Initial Comments		L 000			
	was conducted at t conjunction with ar complaint #MO000 unsubstantiated, at	n-site state licensure survey his facility on 01/21/14, in allegation survey for 89716. The complaint was not the facility was found to be bliance with CSR 30-20.060.				
Missouri Department of Health and Senior Services LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE						

STATE FORM

(X6) DATE If continuation sheet 1 of 1