



Missouri Department of Health and Senior Services

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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 #MO00125526 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

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2017
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NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES / PLANNI	STREET ADDRESS, CITY, STATE, ZIP CODE 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108
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(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	<p>Initial Comments</p> <p>An investigation was conducted from 03/20/17 sporadically through 05/01/17 for the purpose of review for one complaint in relation to the Missouri Regulations for Abortion Facilities.</p> <p>Complaint #MO00125526 was found to be unsubstantiated with no deficiencies.</p> <p>The facility was found to be in substantial compliance with the rules and regulations for abortion facilities found at 19 CSR 30-30.060.</p>	L 000		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____