

Utah Department of Health, Licensing and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UT000535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2019
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NAME OF PROVIDER OR SUPPLIER METRO HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SOUTH 1000 EAST, SUITE 120 SALT LAKE CITY, UT 84102
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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
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G 000	Initial Comments On 4/18/19, a scheduled recertification survey was conducted. The clinic was surveyed according to R432-600 Rules for Abortion Clinics. Deficiencies were cited.	G 000		
G1900	R432-600-25(1) Maintenance Services (1) There shall be adequate maintenance service to ensure that the facility, equipment, and grounds are maintained in a clean and sanitary condition and in good repair at all times, in accordance with manufacturer specifications for the safety and well-being of patients, staff, and visitors. This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY: Based on observation and interview, it was determined the agency did not conduct adequate maintenance service to ensure that the facility equipment was maintained in good repair for the safety and well-being of patients, staff and visitors. Findings include: On 4/18/19, during the facility tour, the emergency light with battery back up failed when tested. A new battery was installed and the light still failed when tested. The light is #1 in the main waiting room. The Clinic Manager was present during the testing and acknowledged the equipment was not maintained in good repair.	G1900	<p><i>POC Accepted 5/20/19</i></p> <p><i>Correction Date 5/17/19. K Grimes</i></p> <p><i>Emergency Light Replaced 5-7-19</i></p>	5-07-19
G2415	R432-600-30(3) Water Supply (3) Hot water temperature controls shall	G2415		

Bureau of Licensing and Certification
LABORATORY DIRECTOR'S OR PROVIDER'S REPRESENTATIVE'S SIGNATURE

RECEIVED

Penny Davis

TITLE
VP Clinical Programs

(X6) DATE
5-8-19

STATE FORM

MAY 17 2019

6899

MW4Z11

If continuation sheet 1 of 2

Patrice

Utah Department of Health, Licensing and Certification

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G2415	<p>Continued From page 1</p> <p>automatically regulate temperatures of hot water delivered to plumbing fixtures used by patients. The facility shall maintain hot water delivered to patient care areas at temperature between 105 degrees and 120 degrees F.</p> <p>This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY:</p> <p>Based on observation and interview, it was determined the facility was not maintaining hot water delivered to patient care areas at a temperature between 105 degrees and 120 degrees.</p> <p>Findings include:</p> <p>On 4/18/19, at 2:40 PM, the water temperature in the front bathroom waiting area was tested and found to be 123 degrees Farenheit. At 2:50 PM, the water temperature in the central clinic bathroom was tested and found to be 100.4 degrees Farenheit.</p> <p>At 2:55 PM, the Clinic Manager acknowledged the water temperature was not being maintained between 105 and 120 degrees.</p>	G2415	<p>5-7-19 Plumber adjusted water heater and temperature readings: Bathroom 1 - 117 Bathroom 2 - 118 Bathroom 3 - 117</p>	5-07-19
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{G 000}	<p>Initial Comments</p> <p>A follow-up was completed on May 20, 2019, for all deficiencies previously cited on April 18, 2019. All cited deficiencies have been corrected as of May 7, 2019, and no new non-compliance was found.</p>	{G 000}		

Bureau of Licensing and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____