Utah Department of Health, Licensing and Certification (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _____ B. WING 04/18/2019 UT000535 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 160 SOUTH 1000 EAST, SUITE 120 METRO HEALTH CENTER SALT LAKE CITY, UT 84102 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 000 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. G1900 JONES Date of Dist 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: Emergency Light Replaced 5-7-19 On 4/18/19, during the facility tour, the 5-07-19 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. G2415 G2415 R432-600-30(3) Water Supply (3) Hot water temperature controls shall

Bureau of Licensing and Certification

ER REPRESENTATIVE'S SIGNATURE LABORATORY DIRECTOR'S OR PROVID

MW4Z11

VP Chinal Programs

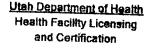
(X6) DATE

If continuation sheet 1 of 2

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Utah Department of Health, Licensing and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING UT000535 04/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 160 SOUTH 1000 EAST, SUITE 120 METRO HEALTH CENTER SALT LAKE CITY, UT 84102 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G2415 G2415 Continued From page 1 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. This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY: 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. Findings include: 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 5.7-19
Plumber adjusted worter
heater and temperature
readings:
Bathroom 1-117
Bathroom 3-117 degrees Farenheit. At 2:55 PM, the Clinic Manager acknowledged the water temperature was not being maintained between 105 and 120 degrees.

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Utah Department of Health, Licensing and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _____ R B. WING_ UT000535 05/20/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 160 SOUTH 1000 EAST, SUITE 120 METRO HEALTH CENTER SALT LAKE CITY, UT 84102 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {G 000} {G 000} Initial Comments 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.

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

TITLE

(X6) DATE