

Utah Department of Health, Licensing and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UT000523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
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NAME OF PROVIDER OR SUPPLIER WASATCH WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST 3900 SOUTH, SUITE 203 SALT LAKE CITY, UT 84107
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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	<p>Initial Comments</p> <p>On 4/16/19, a scheduled recertification survey was conducted. The facility was surveyed according to R432-600 Rules for Abortion Clinics. No deficiencies were identified.</p>	G 000		
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Bureau of Licensing and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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