

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 10/02/2019
--	---	---	---

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
--	---

(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
--------------------	--	---------------	---	--------------------

G 000 Initial Comments

On 10/2/19, an unscheduled re-licensure survey was conducted. The facility was surveyed according to R432-600 rules for Abortion Clinics. Regulatory non-compliance was identified. Deficiencies were cited.

G 065 R432-600-6(3)(d) Organization

(3) Responsibilities shall include at least the following:
(d) Appoint, in writing, a qualified medical director to be responsible for clinical services;

This STANDARD is not met as evidenced by:
THIS IS A CLASS II DEFICIENCY:

Based on record review and interview, it was determined the licensee did not appoint, in writing, a qualified medical director to be responsible for clinical services.

Findings include:

On 10/2/19 at 12:10 PM, the written appointment for the agency medical director was requested from the agency Administrator. No written appointment was provided.

At 12:20 PM, the agency Administrator was interviewed and acknowledged the licensee did not appoint, in writing, a qualified medical director to be responsible for clinical services.

G 610 R432-600-12(2)(a) Contracts

(2) The contract shall include:
(a) The effective and expiration dates;

G 000
POC Accepted
10/22/19

G 065
Correction date 10/14/19
Korimes

G 610

Dr. Tilly was appointed Medical Director in 2012. Her agreement was misplaced and has signed a new one on 10/14/19. Zandy Nicolosi has made the correction. Checking agreements and job description in employee files has been added to the quality assurance check list.

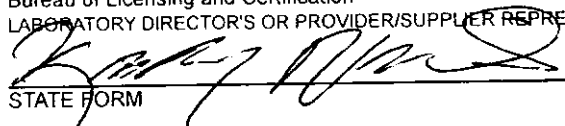
10/14/19

RECEIVED

OCT 21 2019

Utah Department of Health
Health Facility Licensing
and Certification

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



TITLE

Administrator

(X6) DATE

10/14/19

P

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 10/02/2019
--	---	---	---

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
--	---

(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
G 610	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY:</p> <p>Based on record review and interview, it was determined 1 of 2 sampled contracts did not include an expiration date.</p> <p>Findings include:</p> <p>On 10/2/19 at 12:10 PM, the agency contracts were requested and reviewed.</p> <p>A laboratory contract, effective March 2018, was reviewed. There was no expiration date located on the contract.</p> <p>At 12:20 PM, the agency Administrator was interviewed and acknowledged the laboratory contract did not include an expiration date.</p>	G 610	<p>On 10/2/19 Zandy Nicolas received current contracts from our lab and steri-cycle with exp dates. Checking contracts for outside services will also be added to the quality assurance checklist</p>	10/2/19

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 R 10/22/2019
--	---	---	---

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
--	---

(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
{G 000}	<p>Initial Comments</p> <p>A follow-up was completed on October 22, 2019, for all deficiencies previously cited on October 2, 2019. All cited deficiencies have been corrected as of October 14, 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 _____ (X8) DATE _____