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(2) The contract shall include: (a) The effective and expiration dates; Health Facility Licensing and Certification	(2) The contract s	hall include:	3010	Health Facility L	lcensing					
Bureau of Licensing and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE (X6) DATE	Bureau of Licensing and Certificatio LABORATORY DIRECTOR'S OR PROV	n VIDER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	Administrativ	(X6) DATE					

If continuation sheet

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: _ B. WING 10/02/2019 UT000523 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 715 EAST 3900 SOUTH, SUITE 203 WASATCH WOMEN'S CENTER, INC SALT LAKE CITY, UT 84107 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) G 610 G 610 Continued From page 1 This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY: on 1012/19 2 andy Nicolosi received current contracts from our lab and steri cycle with exp dates. Checking Contracts for outside Based on record review and interview, it was determined 1 of 2 sampled contracts did not include an expiration date. Findings include: 10/2/19 On 10/2/19 at 12:10 PM, the agency contracts were requested and reviewed. A laboratory contract, effective March 2018, was reviewed. There was no expiration date located Services will also be added to the quailty assurance Checklist on the contract. At 12:20 PM, the agency Administrator was interviewed and acknowledged the laboratory contract did not include an expiration date.

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Utah Department of Health, Licensing and Certification											
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