

Utah Department of Health, Licensing and Certification

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| 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 10/02/2019 |
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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 | <p>Initial Comments</p> <p>On 10/2/19, an unscheduled re-licensure survey was conducted. The clinic was surveyed according to R432-600 Rules for Abortion Clinics. No deficiencies were cited.</p> | G 000 | | |
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RECEIVED

NOV 4 2019

Utah Department of Health
Health Facility Licensing
and Certification

Bureau of Licensing and Certification

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

VP Clinic Services

(X6) DATE

10/29/19

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