

Utah Department of Health, Bureau of Licensing and C

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  07/28/2020
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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	Initial Comments  On 7/28/20, a scheduled relicensure survey was conducted. The facility was surveyed according to R432-600 Rules for Abortion Clinics. One deficiency was identified and cited.	G 000	Our nurse has always been a part of our QA meetings. A misunderstanding on the documentation was the problem. I know a nurse must attend. I just thought as long as three of us were on the list it was fine. Zandy will make sure documentation is done correctly starting 8/2020.	
G 810	R432-600-14(2) Quality Assurance  (2) The committee shall include a representative from the clinic administration, a physician, and a nurse.  This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY:  Based on record review and interview, it was determined the Quality Assurance (QA) committee did not include a nurse.  Findings include:  On 7/28/2020 at 11:00 AM, the center's monthly "QA Meeting Agenda and Minutes" from January through July 2020 were reviewed. Each month, the meeting attendees included the center's Medical Director, Administrator and a medical assistant. No documentation of the center's nurse attending the meeting was found.  At 11:20 AM, an interview was conducted with the Administrator, who acknowledged there was not documentation that the QA committee included a nurse.	G 810		<p>POC approved 8/18/2020 Correction date 8/1/2020 Licensing Manager <i>Kristi Grimes</i></p> <p><b>RECEIVED</b> AUG 14 2020 Utah Department of Health Health Facility Licensing and Certification</p> <p><i>Patricia</i></p>

Bureau of Licensing and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Zandy [Signature]</i>	TITLE Administrator	(X6) DATE 8/10/2020
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Utah Department of Health, Bureau of Licensing and C

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NAME OF PROVIDER OR SUPPLIER  <b>WASATCH WOMEN'S CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>715 EAST 3900 SOUTH, SUITE 203</b> <b>SALT LAKE CITY, UT 84107</b>
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{G 000}	Initial Comments  A follow-up was completed on August 3, 2020, for all deficiencies previously cited on July 28, 2020. All cited deficiencies have been corrected as of August 1, 2020, and no new non-compliance was found.	{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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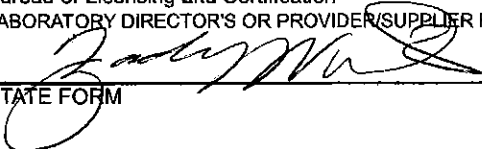
Utah Department of Health, Bureau of Licensing and C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>UT000523</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASATCH WOMEN'S CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>715 EAST 3900 SOUTH, SUITE 203 SALT LAKE CITY, UT 84107</b>
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G 000	<p><b>Initial Comments</b></p> <p>An unscheduled re-licensure survey was conducted on 12/08/2020. The clinic was surveyed according to the R432-600 Abortion Clinic Rules. No deficiencies were cited.</p>	G 000	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">DEC 28 2020</p> <p style="text-align: center;">Utah Department of Health Health Facility Licensing and Certification</p> <p style="text-align: right;"><i>Patricia</i></p>	
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Bureau of Licensing and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>12/18/2020</i>
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UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION

Print Form

PO BOX 144103  
SALT LAKE CITY, UT 84114-4103  
(801) 273-2994  
(800) 662-4157 toll free  
(801) 274-0658 Fax

### REQUEST FOR AGENCY ACTION, ADMINISTRATIVE REVIEW

#### REQUEST FOR INFORMATION

NAME Zandy Nicolosi

MAILING ADDRESS 715 E. 3900 S. Suite 203 PHONE NUMBER 801-263-2111

MAILING ADDRESS \_\_\_\_\_

CITY Salt Lake City STATE UT ZIP CODE 84107

FACILITY NAME Wasatch Womens Center

Reason for Request: (Check all that apply)

<input type="checkbox"/> Revocation of License or Certificate	<input checked="" type="checkbox"/> Application for License/Certificate
<input type="checkbox"/> Conditional License or Certificate	<input type="checkbox"/> Variance Request
<input type="checkbox"/> Disagreement with Statement of Findings	<input type="checkbox"/> Other _____

Explanation of Request: (You may attach additional pages)

Indicate the number of pages attached \_\_\_\_\_

SIGNATURE *Zandy Nicolosi* DATE 12/18/2020

Do you have legal representation?  No  Yes if yes please complete the following.

#### LEGAL REPRESENTATIVE INFORMATION

You may represent yourself at the hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

FIRM NAME \_\_\_\_\_

ATTORNEY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_