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Missouri Department of Health and Senior Services

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES / PLANNED PAR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)									
REPRODUCTIVE HEALTH SERVICES / PLANNED PAR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			MOA-0014		B. WING			07/15/2020	
REPRODUCTIVE HEALTH SERVICES / PLANNED PAR SAINT LOUIS, MO 63108 (X4) ID									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	REPRODUCTIVE HEALTH SERVICES / PLANNED PAR								
{L 000} Initial Comments {L 000}	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL	LL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	{L 000}	Initial Comments			{L 000}				
A Licensure revisit off-site survey was conducted on July 15, 2020. The facility was found to be in substantial compliance with the rules and regulations for abortion facilities found at 19 CSR 30-30.060-70, as applicable.		A Licensure revisit off on July 15, 2020. The substantial compliand regulations for abortion	e facility was found to be se with the rules and on facilities found at 19 0	e in					

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE