Utah Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	UT000535	A. BUILDING: ______ B. WING ______	05/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METRO HEALTH CENTER	160 S 1000 E SUITE #100 SALT LAKE CITY, UT 84102

(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 05/06/15 a scheduled relicensure survey was conducted at the facility. The facility was surveyed according to abortion clinic rules R432-600. Regulatory non-compliance was identified and deficiencies were cited.	G 000	See attached POC	
G 020	R432-600-5(1) Construction (1) Each facility shall conform with the requirements of R432-4-1 through R432-4-22, with the exception of R432-4-8(1)(b). This STANDARD is not met as evidenced by: Based on observation during the fire safety inspection conducted on 05/06/2015, the facility did not provide integrated smoke detection at all required locations in accordance with NFPA 72, The National Fire Alarm Code. Findings: Observation and inspection of the data/computer room revealed the room houses the facility fire alarm control panel. The room was not protected by an integrated smoke detector. This observation was made in the presence of the facility manager.	G 020 6-1-15 POC Acceptable Completion date 5-18-15	Utah Department of Health MAY 29 2015 Bureau of Health Facility Licensing, Certification and Resident Assessment A	
G2030	R432-600-26(5)(b) Emergency Electric Service (5) All emergency electrical power systems shall be maintained in operating condition and tested as follows: (b) Transfer switches and battery operated	G2030		

Your Agency Name Planned Parenthood Ass of Utah

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] | TITLE: VP | (X6) DATE: 5/28/15

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G2030	Continued From page 1 equipment shall be functionally tested every 30 days and load tested at least annually, for 90 minutes. This STANDARD is not met as evidenced by: Based on observation during the fire safety inspection conducted on 05/06/2015, the facility did not maintain emergency lighting and exit fixtures to be in reliable operating condition as required. Findings: 1. The exit sign above the door accessing the garage area was observed to be not illuminated as both internal light bulbs were not functioning. 2. The east side exit sign was observed to have only one of the two internal light bulbs functioning. These observations were made in the presence of the clinic manager.	G2030		
G2420	R432-600-30(4) Water Supply (4) There shall be grab bars at each toilet, bathtub, and shower used by patients. This STANDARD is not met as evidenced by: THIS IS A CLASS II DEFICIENCY: Based on observation and interview, it was determined the facility failed to provide grab bars at all toilets used by patients. Findings Include: On 05/06/15 at 1:30 pm, a patient bathroom was	G2420		

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G2420	Continued From page 2 observed that lacked grab bars at the toilet. On 05/06/15 at 1:45 pm, an interview was initiated with the facility manager, who acknowledged the lack of grab bars at the toilet.	G2420		

Your Agency Name Planned Parenthood Ass. of Utah
Peg Davis VP 5/28/15