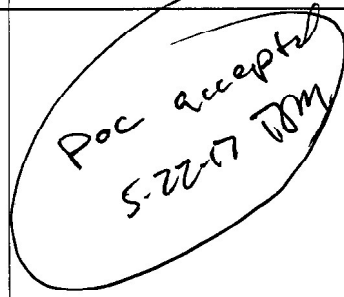


Utah Department of Health, Health Facility Licensing a

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 04/26/2017
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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	Initial Comments On 4/26/17 a scheduled relicensure survey was conducted. The facility was surveyed against the R432-600 rules for abortion clinics. A deficiency was cited.	G 000		
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 upon observations made in the presence of the Clinic manager on 04/26/2017, it was determined that the facility did not maintain exit access to be readily accessible at all times in accordance with R432-600-5-1 Deficiency (1) affects two of two clinic exit doors. Deficiency (2) affects one of one stairwell door. Findings include: 1- During the facility tour it was observed that the two clinic exit doors had bolt locks, there was not a readily visible sign posted on the doors. A readily visible durable sign is posted on the egress side on or adjacent to the door stating: THIS DOOR TO REMAIN UNLOCKED WHEN THIS SPACE IS OCCUPIED. The sign shall be in letters 1 inch (25 mm) high on a contrasting background in accordance with IFC 1010.1.9.3.2.2. 2- During the facility tour it was observed that the exit corridor door by the fire stairwell escape	G 020		

RECEIVED

MAY 17 2017

Utah Department of Health
Health Facility Licensing
and Certification

Your Agency Name *Planned Parenthood Metro Health Center*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Pen Das

TITLE *VP Clinical Programs* (X6) DATE

5/12/17

2

Utah Department of Health, Health Facility Licensing and Enforcement

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 04/26/2017
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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 020	Continued From page 1 had a barrel bolt installed on the exterior of the door, Manually operated flush bolts or surface bolts are not permitted in accordance with IFC 1010.1.9.4	G 020		
G1935	R432-600-25(7) Maintenance Services (7) Electrical systems including appliances, cords, equipment, call lights, and switches shall be maintained to guarantee safe functioning and compliance with the National Electrical Code. This STANDARD is not met as evidenced by: Based upon observations made in the presence of the clinic manager on 04/26/2017, it was determined that the facility did not maintain electrical equipment in accordance with R 432-600-25 (7) This deficiency affects two of several outlets. Findings include: 1- During the facility tour an extension cord was observed in use in the main reception/check in desk coming out of the ceiling powering equipment on top of the upper cabinets. Extension cords and flexible cords shall not be a substitute for permeant wiring. Extension cords and flexible cords shall not be affixed to structures, extended thru walls, ceilings or floors or under doors to floor coverings, nor shall such cords be subject to environmental damage or physical impact in accordance with IFC 605.5 2- During the facility tour an extension cord was observed in use in the employee break room, it was going up thru the ceiling and into the next room being used for power to a television in the	G1935		

Utah Department of Health, Health Facility Licensing and Regulation

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 04/26/2017
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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
G1935	Continued From page 2 lobby. Extension cords and flexible cords shall not be a substitute for permeant wiring. Extension cords and flexible cords shall not be affixed to structures, extended thru walls, ceilings or floors or under doors to floor coverings, nor shall such cords be subject to environmental damage or physical impact in accordance with IFC 605.5	G1935		
G2030	<p>R432-600-26(5)(b) Emergency Electric Service</p> <p>(5) All emergency electrical power systems shall be maintained in operating condition and tested as follows: (b) Transfer switches and battery operated equipment shall be functionally tested every 30 days and load tested at least annually, for 90 minutes.</p> <p>This STANDARD is not met as evidenced by: Based upon observations made in the presence of the clinic manager on 04/26/2017, it was determined that the facility did not provide an emergency lighting system in accordance with R 432-600-26 (5) (b)</p> <p>This deficiency affects all of the emergency lighting.</p> <p>Findings Include:</p> <p>During the record review it was observed that the facility failed to document the annual testing of the emergency lights with battery backup for the year, in accordance with</p> <p>IFC 604.6.1.1, Records of the tests shall be maintained. The record shall include the location of the emergency light tested, weather the light</p>	G2030		

Utah Department of Health, Health Facility Licensing and Enforcement

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 04/26/2017
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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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G2030	Continued From page 3 passed or failed, and the date of the test and the person completing the test. IFC 604.6.2. The power test shall operate the emergency lighting for not less than 90 minutes and shall remain sufficiently illuminated for the duration of the test.	G2030		

Your Agency Name
STATE FORM

Metro Health Center
 160 S 1000 E #120
 Salt Lake City, Utah 84102

Plan of Correction

G 020	R432-600-5(1) Construction	2 exit doors had bolt locks, there was no visible sign posted	Penny Davies ordered signage 5/10/17 : – This Door will remain unlocked during business hours. Expected to be posted by 5/31/17
		Door had barrel bolt	Bolt removed 5/11/17
G1935	R432-600-25(7)	Extension cord was observed coming out of ceiling in front reception area	5/5/17: Extension cord removed. Fred Pennington CIO
		Extension cord was observed in staff break room	5/5/17: Extension cord removed. Fred Pennington CIO
G2030	R432-600-26(5)(b)	No documentation of annual testing of emergency lighting	5/12/17: Clinic form updated to include testing of emergency lighting, pass or fail, date and the person completing the test. Battery operated equipment was tested for 90 minutes 5/11/17, passed and this test has been documented. Veronica Galindo

Penny Davies VP Clinical Programs 5/12/17