

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C5432</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2001</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALABAMA WOMEN'S CENTER FOR REP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 MADISON STREET SOUTH HUNTSVILLE, AL 35801</b>		
(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
L 000	INITIAL COMMENTS  The initial licensure visit was made to Alabama Women's Center for Reproductive Alternatives on 4/24/01. The facility was determined to be in compliance with the State Licensure Rules and it is therefore recommended that this agency be licensed, effective 4/24/01.	L 000		

Health Care Facilities

TITLE

(X6) DATE

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