

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF HEALTH FACILITIES STANDARDS  
 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

E ASTC      HHA      HMO      HOSPICE      HOSPITAL

NAME AND ADDRESS    Hope Clinic for Women, LTD.  
 OF FACILITY            1602 21<sup>st</sup> Street, Granite City, IL 62040

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>A Post Licensure Visit to survey date 3/9/12 was conducted on survey date 7/27/12. Hope Clinic for Women, LTD. is back in compliance with the Ambulatory Surgical Treatment Center Licensing Requirements at 77 Illinois Administrative Code 205. Recommend continued licensure.</p>		

DATE OF SURVEY 7/27/12 BY 15162, 11384  
 (Surveyor)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY 3/9/12  
 (Provider's Representative)