

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2007
NAME OF PROVIDER OR SUPPLIER NEW WOMAN ALL WOMEN HEALTH CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 17TH STREET SOUTH BIRMINGHAM, AL 35205		
(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	<p>INITIAL COMMENTS</p> <p>Based on the follow-up survey conducted 04/25/07, it was determined that New Woman All Women Health Care was in compliance with the Rules of Alabama State Board of Health, Chapter 420-5-1 for Abortion or Reproductive Health Centers. The facility has followed the plan of correction as submitted to the Department of Public Health.</p> <p>Carol Williams,RN</p>	L 000		

Health Care Facilities

TITLE

(X6) DATE

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