

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C3704</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW WOMAN ALL WOMEN HEALTH CAR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 17TH STREET SOUTH BIRMINGHAM, AL 35205</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  Based on the licensure survey conducted on 5/4/09 through 5/5/09 at New Woman All Women Health Care, it was determined the clinic was in compliance with the RULES OF ALABAMA STATE BOARD OF HEALTH, CHAPTER 420-5-1 for abortion centers.	L 000		

Health Care Facilities

TITLE

(X6) DATE

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