

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 10/08/2008
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	INITIAL COMMENTS Based on a licensure recertification survey conducted on October 7th and 8th, 2008, New Women All Women was found to be in compliance with the RULES OF ALABAMA STATE BOARD OF HEALTH CHAPTER 420-5-1 for abortion centers. No deficiencies were cited.	L 000		

Health Care Facilities

TITLE

(X6) DATE

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