

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/11/2010
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE 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 the recertification and complaint survey that was conducted on 11/11/10, Planned Parenthood Of Alabama, Inc is in substantial compliance with the Abortion or Reproductive Health Centers rules, Chapter 420-5-1. Based on limited medical record information the state agency was unable to determine if the complaint was substantiated or not.	L 000			

Health Care Facilities

TITLE

(X6) DATE

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