

**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
	An onsite licensure complaint investigation was conducted on survey date 7/27/12 to CO#121291. The complaint was unsubstantiated. No deficient practice noted. Recommend no further action.		

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

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY                      \_\_\_\_\_  
 (Provider's Representative)