

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/07/2013
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NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104
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(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 100}	<p>ALABAMA LICENSURE DEFICIENCIES</p> <p>THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION.</p> <p>This Rule is not met as evidenced by: Based on the onsite follow up survey conducted 5/7/13, Reproductive Health Services is in substantial compliance with licensure rules Alabama State Board of Health Chapter 420-5-1 for Abortion or Reproductive Health Centers.</p> <p>Carol Williams, RN</p>	{L 100}		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____