

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTHCARE FACILITIES AND PROGRAMS
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION**

AHC ASTC FEC HHA HMO HOSPICE HOSPITAL OTHER _____

NAME AND ADDRESS: Hope Clinic for Women
OF FACILITY: 1602 21st Street, Granite City 62040

LICENSE #: 7001084

RULE/REGULATION	REQUIREMENT SUMMARY AND DESCRIPTION OF NONCOMPLIANCE	PLAN OF CORRECTION	COMPLETION DATE (MM/DD/YY)
	<p>A Licensure survey was conducted 4/22-4/24/19. The Hope Clinic for Women was found to be in compliance with The Illinois Administrative Code Title 77: Public Health, Chapter 1: Subchapter b, Part 205 Ambulatory Surgical Treatment Center Licensing Requirements, for this survey.</p>		

DATE OF SURVEY 4/22-4/24/19 _____ BY 25926, 25927 _____ (Surveyor)

NOTE: IF P.L.V. INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)