

**STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION**

<b>(X1) LICENSE NUMBER</b>	7002777	<b>(X2) SURVEYOR ID</b>	30195	<b>(X3) DATE SURVEY COMPLETED</b>	7/17/19
<b>NAME OF FACILITY</b>	Michigan Avenue Center for Health, Ltd.				
<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>	2415 S. Michigan Ave., Chicago, IL 60616				

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
000	A licensure survey was conducted on 7/17/19. The Facility was in compliance with TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER b: HOSPITAL AND AMBULATORY CARE FACILITIES PART 205 AMBULATORY SURGICAL TREATMENT CENTER LICENSING REQUIREMENTS SECTION 205.710 PREGNANCY TERMINATION SPECIALTY CENTERS for this survey.			

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

TITLE

DATE