

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C4504</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALABAMA WOMEN'S CENTER FOR REPRODUCTIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4831 SPARKMAN DRIVE HUNTSVILLE, AL 35810</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>Based on an on-site licensure survey conducted on 1/8/19 Alabama Women's Services Center for Reproductive Alternatives was found to be in substantial compliance with the Rules Of Alabama State Board Of Health, Chapter 420-5-1 for Abortion or Reproductive Health Centers.</p>	L 000		

Health Care Facilities

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

TITLE

(X6) DATE