

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 02/21/2019
NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104		
(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>INITIAL COMMENTS</p> <p>Based on the onsite follow up survey conducted 2/21/19, 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>	{L 000}		

Health Care Facilities

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

TITLE

(X6) DATE

Alabama Department of Public Health

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