

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) LICENSE NUMBER 7003184	SURVEYOR ID 30195	(X3) DATE SURVEY COMPLETED 8/22/19
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NAME OF FACILITY Access Healthcare Center	STREET ADDRESS, CITY, STATE, ZIP CODE 110 S. River Rd. #7, DesPlaines, IL 60016
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(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 CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
000	A licensure survey was conducted on 8/22/19. 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