

**STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION**

(X1) LICENSE NUMBER

7001084

(X3) DATE SURVEY COMPLETED

12/08/2021

NAME OF FACILITY  
Hope Clinic For Women

STREET ADDRESS, CITY, STATE, ZIP CODE  
1602 21st Street, Granite City, IL 62040

(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

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An Annual licensure survey was conducted on 12/06/2021 through 12/08/2021. The Hope Clinic For Women was in compliance with the 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.

AGENCY MANAGER/REPRESENTATIVE'S SIGNATURE

TITLE

DATE