

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC SUB ACUTE HHA HMO HOSPICE HOSPITAL

NAME AND ADDRESS OF FACILITY American Women's Medical Center 2744 N. Western Ave. Chicago Il 60647

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>A Licensure resurvey was conducted on 9/21/12. The Facility was found in compliance with ASTC licensure requirements. No deficiencies cited.</p>		

DATE OF SURVEY 9/21/12

BY 07105
(Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____