

**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 - Albany Medical Surgical Center 5086 North Elston Ave. Chicago Illinois 60630

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
None	The Facility is in compliance with licensure requirements. No deficiencies were cited.		<p align="right">RECEIVED OFFICE HCF&P 2012 JUN 27 A 10:45</p>

DATE OF SURVEY 6/19/12

BY 07105
(Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____