

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/23/2015
FORM APPROVED

STATEMENT OF
DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AL11966091

(X3) DATE SURVEY
COMPLETED

11/20/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

