Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L008	**(X3) Date Survey Completed** 08/01/2025
Name of Provider or Supplier Alabama Clinical Schools, Inc.	**Street Address, City, State** 1221 Alton Drive, Birmingham, AL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	A recertification survey was conducted at Alabama Clinical Schools from 7/29/25 to 8 /1/25. The facility was found to be in compliance with the Center for Medicare and Medicaid Services requirements for Emergency Preparedness.