

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2016
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NAME OF PROVIDER OR SUPPLIER ATLANTA WOMEN'S MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA, GA 30342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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U 000	<p>Initial Comments.</p> <p>At the time of survey, Atlanta Women's Medical Center was in compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers as the result of complaint investigation number GA00158266. No deficiencies were cited.</p>	U 000		
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State of GA Inspection Report LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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