



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.dch.georgia.gov

April 4, 2011

Ms. Golda Melnik, Administrator
Atlanta Women's Medical Center
235 West Wieuca Road
Atlanta, GA 30342-3321

Dear Ms. Melnik:

Enclosed is a Report of Licensure Inspection completed at your facility on **March 17, 2011** by surveyor(s) from this office. This report contains one or more violations which must be corrected.

Your plan to correct these violations should be entered in the right hand column entitled "Providers Plan of Correction" with a projected completion date entered in the column "Completion Date". After you have completed the form, sign and date it in the space provided, return the ORIGINAL to our office no later than **April 14, 2011**.

Thank you for the courtesies extended to our representatives during this visit. If I can be of further assistance, please contact me at (404) 657-5449.

Sincerely,

A handwritten signature in black ink, appearing to read "James E. Courtney".

James E. Courtney, Director
Acute Care Section
Department of Community Health
Healthcare Facility Regulation Division

JEC:rf