

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 04/12/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

ATLANTA WOMEN'S MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**235 WEST WIEUCA ROAD
ATLANTA, GA 30342**

(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
V 000	<p>Opening Comments</p> <p>At the time of the survey, Atlanta Women's Medical Center was in compliance with Chapter 290-5-32, Rules and Regulations for Performance of Abortions After the First Trimester of Pregnancy and Reporting Requirements For All Abortions, as the result of a State licensure survey.</p>	V 000		

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE