

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 07/21/2015
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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**

(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
U 000	Initial Comments. 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 GA00153112. No deficiencies were cited.	U 000		

State of GA Inspection Report

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

TITLE

(X6) DATE