



September 9, 2013

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

Dear Ms. Linn:

Enclosed is a annual Report of Licensure Inspection completed at your facility on **August 9, 2013** 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 **September 20, 2013**.

Thank you for the courtesies extended to our representatives during this visit. If I can be of further assistance, please contact me at (404) 657-5440.

Sincerely,

Marsha Fricks, R.N.
Program Director
Acute Care Unit
Department of Community Health
Healthcare Facility Regulation Division

MF:rf