

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/21/2015
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NAME OF PROVIDER OR SUPPLIER SAVANNAH MEDICAL CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 120 East 34th Street SAVANNAH, GA 31401
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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	Initial Comments. At the time of the survey, Savannah Medical Clinic was in compliance with Chapter 290-5-32, Rules and Regulations for Performance of Abortions and Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, as the result of complaint investigation number GA00153118. No deficiencies were cited.	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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