State of GA, Healthcare Facility Regulation Division

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1874 PIEDMONT RD, NE, SUITE 500-E ATLANTA, GA 30324 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TO Opening Comments At the time of the survey, Summit Medical Associates was in compliance with Chapter 290-5-31-01, Rules and Regulations for Abortion Centers, as the result of a relicensure survey. No deficiencies were cited.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1874 PIEDMONT RD, NE, SUITE 500-E ATLANTA, GA 30324 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 Opening Comments At the time of the survey, Summit Medical Associates was in compliance with Chapter 290-5-3101, Rules and Regulations for Abortion Centers, as the result of a relicensure survey. No			060-141			11/0	3/2016						
SUMMIT MEDICAL ASSOCIATES 1874 PIEDMONT RD, NE, SUITE 500-E ATLANTA, GA 30324 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 Opening Comments At the time of the survey, Summit Medical Associates was in compliance with Chapter 290-5-3101, Rules and Regulations for Abortion Centers, as the result of a relicensure survey. No	11100/2010												
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 Opening Comments At the time of the survey, Summit Medical Associates was in compliance with Chapter 290-5-3101, Rules and Regulations for Abortion Centers, as the result of a relicensure survey. No	SUMMIT MEDICAL ASSOCIATES 1874 PIEDMONT RD, NE, SUITE 500-E												
At the time of the survey, Summit Medical Associates was in compliance with Chapter 290-5-3101, Rules and Regulations for Abortion Centers, as the result of a relicensure survey. No	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE						
	V 000	At the time of the si Associates was in o 290-5-3101, Rule Centers, as the resi	urvey, Summit Medical compliance with Chapter s and Regulations for Abortion ult of a relicensure survey. No	V 000	DEFICIENCY)								

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		060-141	B. WING		11/0	03/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SUMMIT MEDICAL ASSOCIATES 1874 PIEDMONT RD, NE, SUITE 500-E ATLANTA, GA 30324												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE						
	Associates was in c 111-8-4, Rules and Surgical Treatment	urvey, Summit Medical ompliance with Chapter Regulations for Ambulatory Centers, as the result of a urvey. No deficiencies were	U 000	DEFICIENC	Y)							

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE