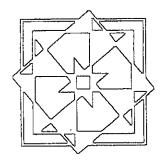
Georgia Department of Community Health Healthcare Facility Regulation Division-- Application for Variance or Wairer

I would like to apply for a variance or waiver and submit the following information for consideration:

l.	Name of Licensed Facility: Atlanta	Name of Licensed Facility: Atlanta Women's Medical Center, Inc.					
	Address of Licensed Facility: 235	West Wieuca Road					
	City: Atlanta	<u></u>	County:_	Fulton	Zip Code: _	30342	
	Phone Number of Facility: (404)	257-0057					
	Contact Person or Person Representing the Facility: Elizabeth J. Appley, Attorney at Law						
	Name of Resident the waiver applie					****	
	Date of Admission to Facility (if re						
	NOTE: Attach recent evidence of resident.	nedical evaluation to	application	if application in	volves the health	status of the	
2.	List the specific rule(s) (citations) i Rule 290-5-3310(f)	for which variance o	r waiver is b	oeing requested (c	e.g. 111-8-6216(1)(b):	
3.	Action requested (check one): Vari	ance <u>X</u>		_Waiver			
	(A variance is a request to permit s	ome variation from t	he literal re	quirements of the	rule. A waiver is	s a request to	
	dispense with compliance with the to be waived.)	rule entirely with no	alternative	standards propos	ed to be met for th	he specific rule	
4.	Facts supporting a claim of substan	•			• •		
	waiver: This is an application for						
	the Department's predecessor agen					does not	
	have an elevator and it would not be second floor where the clinic facilities	e reasible to construct	Chas meta	on this size in orde	the waiver since 1	904	
	years without any incident or advers			ii redanomento	aro warver entree to	007	
5	Alternative standards which the ap applicant agrees to meet instead of Caro! Zafiratos, Director of the Heal Services to James E. Courtney, Proto the applicant.	the rule are set forth th Care Section, Geo	in the attach rgia Departn	ed Memorandum on ment of Human Re	dated August 30, 2 sources Office of F	2005, from Regulatory	
	to the applicant	· · · · · · · · · · · · · · · · · · ·					
6.	Explanation as to how the alternati welfare: AWMC has complied with	ve standards will aff the alternative stand	ord adequate	e protection for the	ne public health, s roughout the 18 ye	afety and ears the	
	waiver has been in place. These all and welfare. Health, safety and car						
	and welfare. Health, safety and car and no negative patient outcomes h						
	and no negative patient dates in a	are occaned relating	10 110 30301	TOO OT BIT CICYCLOS	to tonaport policii		
7.	The reason why the variance or wa	•	•	•			
	The waiver would serve the purpos						
	surgical treatment center that has an elevator.	been delivering high	quality care	over many years n	otwithstanding the	absence of	
8.	The length of time that the variance						
9.	Date Application Submitted:Ju						
	partmental use only)						
	e application determined complete:	by:		Appendix 1			



ATLANTA WOMEN'S CENTER

July 17, 2012

Mr. Brian Looby
Division Chief
Healthcare Facility Regulation
Georgia Department of Community Health
2 Peachtree Street
Atlanta, GA 30303-3142

RE: AWMC Elevator Waiver

Dear Mr. Looby:

As the Medical Director of the Atlanta Women's Medical Center, I have paid strict attention to the procedural requirements in place to accommodate the absence of an elevator, provided in the waiver of Rule 290-5-33-.10(f) of the Rules and Regulations for Ambulatory Surgical Treatment Centers that has been in place since 1993.

It continues to be my medical judgment that the waiver conditions in place allow for patients walking down stairs following the receipt of procedures at the Center to have minimal, if any, risk to the patient. I have not seen a compromise in patient care, nor have any incidents related to stairway access been noted.

I continue to be pleased with the quality of services we offer our patients.

Sincerely,

Kenneth M. Twiddy, M.B.

Medical Director