

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000542	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 03/27/2026
NAME OF PROVIDER OR SUPPLIER Arbor Terrace at Crabapple		STREET ADDRESS, CITY, STATE, ZIP CODE 12200 CRABAPPLE ROAD ALPHARETTA, GA 30004	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
0000	Opening Comments The purpose of this visit was to investigate intake #GA50010035. An onsite visit was made 3/25/26 and the inspection was completed 3/27/26. No deficiencies were cited as a result of this visit.		