GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor **Russel Carlson, Commissioner**

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

August 19, 2026

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
Karen.mchenry@arborcompany.com

Ms. Karen McHenry
3180 Karen White Dr
Suwanee, Ga 30024

Re: Arbor Terrace South Forsyth- Atlanta
Notice of Survey Results (NOSR)

Dear Ms. McHenry:

On 5/12/26, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD)***, **State Licensure PCH Team,** completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 11-8-62 (Personal Care Homes).**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

X No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not desire to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above referenced chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department, within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3).** The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from 8/19/2026. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

> **NOTE:** For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
> *See: R & R 111-8-25-.05(1) (e) (5) (i).*

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 month. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Elizabeth Thomas

Elizabeth Thomas, Compliance Specialist III, QA State Programs
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division
Personal Care Home Program
17th Floor, 2 Martin Luther King Jr Dr SE, East Tower
Atlanta, GA 30334

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000197	A. BUILDING B. WING:	5/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace South Forsyth	**3180 KAREN WHITE DR SUWANEE GA 30024**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. >>>>The purpose of this visit was to conduct complaint investigations GA500010443 and GA50010979. The investigation started on 5/12/2026, an on-site visit was made on 5/12/2026, and the investigation was completed on 5/12/2026. No rule violations were cited as a result of this investigation.

Resident/Participant Identifiers

Facility Name:	Arbor Terrace South Forsyth	Provider Number:	ALC000197
Surveyor(s):	Kamal Dixon	Survey Exit Date:	5/12/2026

	Resident/Participant Name	Phone Number	Notes
R1.	Gene Alford		
R2.	Ruth Anderson		
R3.	Betty Jones		
R4.			
R5.			
R6.			
R7.			
R8.			
R9.			
R10.			
R11.			
R12.			
R13.			
R14.			
R15.			
R16.			
R17.			
R18.			
R19.			
R20.			
R21.			
R22.			
R23.			
R24.			
R25.			
R26.			

Additional Notes

GEORGIA DEPARTMENT
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06/09/2026

Karen McHenry, Director
Arbor Terrace South Forsyth
3180 Karen White Drive
Suwanee, GA 30024

Re: Arbor Terrace South Forsyth
Karen McHenry, karen.mchenry@arborcompany.com
Notice of Survey Results (NOSR)

Dear Ms. McHenry,

On 5/15/26, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-62.**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_x__No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___ Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not desire to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above referenced chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department, within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to

the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3).** The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from the 5/22/2026. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent

NOTE: For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
See: R & R 111-8-25-.05(1) (e) (5) (i).

under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 month. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Rodney Philmore

Rodney Philmore
Personal Care Home Program
Pchprogram.hfrd@dch.ga.gov
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000197	A. BUILDING B. WING:	5/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace South Forsyth	**3180 KAREN WHITE DR SUWANEE GA 30024**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. The purpose of this survey was conduct an initial inspection. The onsite visit was on 05/15/2026. The survey was completed on 05/22/2026. No rule violations were cited.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor **Russel Carlson, Commissioner**

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06/09/2026

Karen McHenry, Director
Arbor Terrace South Forsyth
3180 Karen White Drive
Suwanee, GA 30024

Re: Arbor Terrace South Forsyth
Karen McHenry, karen.mchenry@arborcompany.com
Notice of Survey Results (NOSR)

Dear Ms. McHenry,

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1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_x__No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___ Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

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See: R & R 111-8-25-.05(1) (e) (5) (i).

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If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Rodney Philmore

Rodney Philmore
Personal Care Home Program
Pchprogram.hfrd@dch.ga.gov
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALC000197	A. BUILDING B. WING	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE SOUTH FORSYTH	3180 KAREN WHITE DR SUWANEE, GA 30024

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
{0000}	Initial Comments. The purpose of this survey was to conduct a compliance inspection and investigate #GA50008281. The onsite visit was on 1/30/26. The survey was completed on 2/4/26. No rule violations were cited.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor **Russel Carlson, Commissioner**

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

2/18/2026

Karen McHenry, Director
Arbor Terrace South Forsyth
3180 Karen White Drive
Suwanee, GA 30024

Re: Arbor Terrace South Forsyth
Karen McHenry, karen.mchenry@arborcompany.com
Notice of Survey Results (NOSR)

Dear Ms. McHenry,

On 1/30/26, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-62.**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_x__No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___ Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

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B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey

Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

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The POC shall:

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- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from the 2/4/26. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement

NOTE: For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
See: R & R 111-8-25-.05(1) (e) (5) (i).

Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

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If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Rodney Philmore

Rodney Philmore
Personal Care Home Program
Pchprogram.hfrd@dch.ga.gov
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

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State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000197	A. BUILDING B. WING:	1/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE SOUTH FORSYTH	3180 KAREN WHITE DR SUWANEE GA 30024

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. The purpose of this survey was to conduct a compliance inspection and investigate #GA50008281. The onsite visit was on 1/30/26. The survey was completed on 2/4/26. No rule violations were cited.

HEALTHCARE FACILITY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY IDENTIFIERS

Facility Name: Arbor Terrace South Forsyth **Surveyor Name:** Joann Echols

Provider Number: ALC000197 **Survey Exit Date:** 2/4/2026

RESIDENT IDENTIFIER	PERSONNEL IDENTIFIER
1. Camille Tassa	A. Karen McHenry, Executive Director
2. Micheal Griffeth	B. Aminat Kalejaiye, Resident Assistant
3. Elizabeth Evans	B. Deodata Kargbo, Resident Assistant
4. Claire Kappy	D. Sabrina Nicholas, Resident Assistant
5. Carol Murphy	E. Jakerriah Thomas, Resident Assistant
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.
12.	L.
13.	M.
14.	N.

GEORGIA DEPARTMENT
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5/19/2025

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
Karen.Mchenry@arborcompany.com

Karen McHenry, Administrator
3180 Karen White Drive
Suwanee, GA 30024

Re: ARBOR TERRACE SOUTH FORSYTH
Notice of Survey Results (NOSR)

Dear Ms. McHenry:

On 04/29/25, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), State Licensure PCH Team***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8- Assisted Living Facility.**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_XX_ No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

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Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency that was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

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- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from .Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the

written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it will post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 months. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/ .

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Minea Andrews

Minea Andrews, Regional Director
Personal Care Home Program
pchprogram.hfrd@dch.ga.gov
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000197	A. BUILDING B. WING:	4/29/2025

.E OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE SOUTH FORSYTH	3180 KAREN WHITE DR SUWANEE GA 30024

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR3 0000	0000 - Initial Comments. >>>>The purpose of this visit was to follow up on intake GA00252320 and GA00251009. An on-site visit was made on 04/23/25 an it was completed on 04/29/25. No rule violations were cited as a result of this visit.

HEALTHCARE FACILTY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY/CENTER IDENTIFIERS

Facility Name: Arbor Terrace South Forsyth
Provider Number: ALC000197

Surveyor Name: Nazila Aghazadeh
Survey Exit Date: 04/23/25

RESIDENT/PARTICIPANT IDENTIFIER	PERSONNEL IDENTIFIER
1. Sally Pitt	A. Karen McHenry, E.D
2. Betty Caras	B. Mikeu Davies, LPN
3. Ann Halley	C.
4. Ann Raid	D.
5. Pat Gorin	E.
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.