

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000244</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">03/15/2023</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">ARBOR TERRACE OF BURNT HICKORY</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">920 BURNT HICKORY ROAD MARIETTA, GA 30064</p>	
(X4) ID PREFIX TAG <p style="text-align: center;">{L 0000}</p>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>>>>> The purpose of this visit was to investigate intakes GA00232731 and GA00232220. No rule violations were cited as a result of this visit.</p>		