

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000542</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/12/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE AT CRABAPPLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>12200 CRABAPPLE ROAD ALPHARETTA, GA 30004</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a compliance inspection and to investigate intake #GA00213383. The survey was started on 4/19/21 and was completed on 4/30/21. No rule violations were cited as a result of this investigation.</p>		