

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 08/04/2021
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)		
{L 0000}	>>>>The purpose of this visit was to investigate intake #GA00215942. The investigation was started on 07/27/21 and was completed on 08/05/21. No rule violations were cited as a result of this investigation.		