

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000104	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE DECATUR		STREET ADDRESS, CITY, STATE, ZIP CODE 425 WINN WAY DECATUR, GA 30030	
(X4) ID PREFIX TAG {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>>>>>The purpose of this visit was to conduct an annual inspection and investigate intake #GA00212206.</p> <p>The investigation started on 4/12/21 and was completed 4/15/21. No violations were cited as a result of this inspection.</p>		