

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 10/11/2021
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 000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA00217898. No rule violations were cited as a result of this investigation.</p> <p>The investigation began 10/4/21 and was completed 10/11/21</p>		

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