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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
	ALC000104	B. WING	10/11/2021		
NAME OF PROVIDER OR SUPPLIER	?	STREET ADDRESS, CITY, STATE, ZIP CODE			
ARBOR TERRACE DECATUR	425 WINN WAY DECATUR, GA 30030				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				
{∟ 000}	Initial Comments.				
	>>>The purpose of this visit was to investigate intake #GA00217898. No rule violations were cited as a result of this investigation.				
	The investigation began 10/4/21 and was completed 10/11/21				
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State of GA Inspection Report

ALCO00104 B. WING 10/11/2021 NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE DECATUR (X4) ID PREFIX TAG (SEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE DECATUR STREET ADDRESS, CITY, STATE, ZIP CODE 425 WINN WAY DECATUR, GA 30030 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ALC000104		10/11/2021			
ARBOR TERRACE DECATUR 425 WINN WAY DECATUR, GA 30030 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	NAME OF DROVIDED OR SURDIVER						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
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	F PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 425 WINN WAY				
ARBOR TERRACE DECATUR	R DECATUR, GA 30030				
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		EGGERTORY OR EGG IDENTIFY THIS INFORMATION)			

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