

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 01/31/2022
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 REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>>>>>The purpose of this visit was to investigate intake GA00219066. An unannounced visit was made to the facility on 11/17/2021. The investigation started on 11/17/2021 and completed on 1/31/2022. No rule violations were cited as a result of this inspection.</p>		