

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000555</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>01/25/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE OF EAST COBB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>886 JOHNSON FERRY ROAD MARIETTA, GA 30068</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake GA00229358 and GA00229097. An onsite visit was made to the facility on 12/7/22. The investigation was started on 12/7/22 and the completed on 1/25/23. No rule violations were cited as a result of this investigation.</p>		

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