

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000555</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">03/07/2023</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">ARBOR TERRACE OF EAST COBB</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">886 JOHNSON FERRY ROAD MARIETTA, GA 30068</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	>>>>The purpose of this visit was to investigate intake #GA00232359, GA00232532, GA00232360. No rule violations were cited as a result of this investigation.		

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