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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000555 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/26/2022 |
| NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE OF EAST COBB | | STREET ADDRESS, CITY, STATE, ZIP CODE 886 JOHNSON FERRY ROAD MARIETTA, GA 30068 | |
| (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 GA00224471 and GA00224472. An onsite visit was made to the facility on 8/18/22 the investigation was and the completed on 8/26/22. No rule violations were cited as a result of this investigation.</p> | | |

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