

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 04/28/2023
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 #GA00233928. An onsite visit was made to the facility on 4/18/23. The investigation was started on 4/18/23 and the completed on 4/28/23. No rule violations were cited as a result of this investigation.</p>		

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