

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000197</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">10/17/2022</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">ARBOR TERRACE SOUTH FORSYTH</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">3180 KAREN WHITE DR SUWANEE, GA 30024</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{B 000}	Initial Comments. >>>>The purpose of this visit was to investigate intake #GA00228108. No rule violations were cited as a result of this investigation.		