

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>02/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE SOUTH FORSYTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3180 KAREN WHITE DR SUWANEE, GA 30024</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	>>>>The purpose of the survey was to investigate intake #GA00230105. No violations were cited as a result of this investigation.		