

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/27/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOLANA EAST COBB, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1032 JOHNSON FERRY ROAD MARIETTA, GA 30068</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{B 000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this inspection was to investigate intake #GA00208671. This inspection started on 10/19/20 and was completed on 10/27/20. No rule violations were cited as a result of this inspection.</p>		