

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000613	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER SOLANA EAST COBB, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 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 000}	<p>Initial Comments.</p> <p>>>>>The purpose of this inspection was to investigate intake #GA00216294.</p> <p>The investigation was started on 8/23/2021 and completed on 10/07/21. No rule violations were cited as a result of this investigation.</p>		