

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 03/29/2022
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 0000}	<p>>>>>The purpose of this visit was to investigate intakes #GA00221033 and #GA00220830. An on-site visit was made to the facility on 2/11/2022, The inspection was started on 2/11/2022 and was completed on 3/28/2022. No rule violations were cited as a result of this inspection.</p>		