

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 2/14/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-060-1644	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER WESTMINSTER COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 560 ST CHARLES AVE, NE ATLANTA, GA 30308		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000	INITIAL COMMENTS An Abbreviated/Partial Extended Survey to investigate complaints 2721565, 2644872, 2593143, and 2568728 was initiated on February 3, 2026 and concluded on February 5, 2026. Complaints 2721565, 2644872, 2593143, and 2568728 were unsubstantiated with no regulatory violations cited. Census 76.	F 0000		