

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

PRINTED: 1/2/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-033-2006		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/01/2025	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH - MARIETTA				STREET ADDRESS, CITY, STATE, ZIP CODE 50 SAINTE DRIVE SW MARIETTA, GA 30008			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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 investigating complaints 2564371 and 2622989 was initiated on 10/1/2025 and concluded on 10/1/2025. Complaint GA002622989 was substantiated. Complaint 2564371 was unsubstantiated. No deficiencies were cited. The facility's census was 108 on 10/1/2025.			F 0000			