

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000585	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER SOMERBY SANDY SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 25 GLENLAKE PARKWAY SANDY SPRINGS, GA 30328		
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments. The purpose of this visit was to investigate intake numbers #GA50004308 and #GA50003975. The investigation was started on 8/15/25 an onsite investigation was on 8/15/25 and the investigation was completed on 8/15/25. There was no rule violations cited as a result of this investigation.		