

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000585</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>08/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOMERBY SANDY SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 GLENLAKE PARKWAY SANDY SPRINGS, GA 30328</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>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.</p> <p>There was no rule violations cited as a result of this investigation.</p>		