

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000027	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER SUNRISE OF DECATUR		STREET ADDRESS, CITY, STATE, ZIP CODE 920 CLAIRMONT AVENUE DECATUR, GA 30030	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>An unannounced onsite visit was made on 12/16/2024 and the investigation was completed on 12/30/2024.</p> <p>>>>>The purpose of this visit was to investigate intake #GA00252236. No rule violations were cited as a result of this investigation.</p>		