

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 {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments. An unannounced onsite visit was made on 12/16/2024 and the investigation was completed on 12/30/2024. >>>The purpose of this visit was to investigate intake #GA00252236. No rule violations were cited as a result of this investigation.		

State of GA Inspection Report